



University Hospitals  
of Northamptonshire  
NHS Group

# Quality Account 2024-2025

incorporating Kettering General Hospital NHS Foundation Trust (KGH)  
and Northampton General Hospital NHS Trust (NGH)



Dedicated to  
*excellence*

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# Part 1

Introduction  
to University  
Hospitals of  
Northamptonshire  
NHS Trust





# The University Hospitals of Northamptonshire NHS Trust (UHN) Quality Account

Quality Accounts are governed by The Health Act 2009 and by The National Health Service (Quality Accounts) Regulations 2010 – as amended and by requirements as published in NHS England guidance. This Quality Account follows the guidance set out by the Department of Health.

The duty to publish a Quality Account falls on a body or person providing NHS services. Multi-site organisations only need to produce one Quality Account covering the quality of healthcare provided across the entire organisation.

To make the Quality Accounts for each Trust more meaningful at a local level, we have combined the Quality Account into one document and included one narrative where possible to represent UHN but where data relates to an individual Trust, this has been highlighted accordingly. Where the Term Quality Account is used it refers to both Quality Reports for Foundation Trusts and Quality Accounts for NHS Trusts (further information can be found in the section titled “Statement of Director’s Responsibilities”)

UHN brings together KGH and NGH which are separate organisations but work collaboratively within the group structure and have some joint services. This collaboration drives greater equality of access to services for people living locally, improved patient care and outcomes for the people of Northamptonshire. The two hospital Trusts remain as separate organisations, and each will continue to provide maternity, children’s and A&E services.

KGH is a not-for-profit, public benefit corporation forming part of the wider NHS and providing health care services. We provide and develop healthcare according to core NHS principles of free care, based on need and not the ability to pay. We are a medium sized acute hospital serving a population of 360,000 in North Northamptonshire (ONS Mid-Year Population Estimates 2021) as well as many in surrounding areas of West Northamptonshire, south Leicestershire, north Bedfordshire and west Cambridgeshire.

The Trust provides general acute, maternity and paediatric services from its main hospital site in Kettering with satellite outpatient facilities in Corby, Irthlingborough and Wellingborough as well as community facilities in Kettering town. Services are funded primarily through contracts with the Northamptonshire Integrated Care Board (ICB), NHS England Specialised Commissioners and other ICBs and Public Health bodies.

NGH provides general acute services for a population of 426,700 in West Northamptonshire (ONS Mid-Year 2021 estimates) and hyper-acute stroke, vascular and renal services to people living throughout the whole of Northamptonshire. The Trust is also an accredited cancer centre and provides cancer services to a wider population of 880,000 who live in Northamptonshire and parts of Buckinghamshire. In addition to the main hospital site, which is located close to Northampton town centre, the Trust also provides outpatient and day surgery services at Danetre Hospital in Daventry.

The principal activity of the Trust is the provision of free healthcare to eligible patients. The



hospital provides the full range of outpatients, diagnostics, inpatient and day case elective and emergency care and also a growing range of specialist treatments that distinguishes their services from many district general hospitals. It also provides a very small amount of healthcare to private patients. NGH is constantly seeking to expand the portfolio of hyper-acute specialties and to provide services in the most clinically effective way. Examples are developments in both urological cancer surgery and laparoscopic colorectal surgery placing the Trust at the forefront of regional provision for these treatments.

NGH trains a wide range of clinical staff, including doctors, nurses, midwives, allied health professionals therapists, scientists and other professionals. The training and development department offers a wide range of clinical and non-clinical training courses, accessed in a variety of ways through a range of media including e-learning. The Trust has excellent training facilities which were recently upgraded. Services are delivered from the main acute hospital site in Northampton or by staff in the community.

A Quality Account is published each year with the purpose is to illustrate to our patients, their families and carers, staff, members of local communities and our health and social care partners, the quality of services we provide.

We measure the quality of the services we provide by looking at patient safety, the effectiveness of the care and treatment we provide and, importantly, the feedback we receive from our patients.

## Part One

Opens with a statement on quality from our Hospital Chief Executive Officer Mrs Laura Churchward. We also outline some of our key successes from 2024/25.

## Part Two

Provides details of several Statements of Assurance regarding specific aspects of service provision in order to meet the requirements of NHS England.

## Part Three

Describes how we performed against the quality priorities set for 2024/25, together with performance against key national priorities in line with NHS Improvement Risk Assessment Framework.

The closing section outlines feedback from our key stakeholders and includes a helpful dictionary of abbreviations.

## Our Group Priorities

We have agreed five priorities for the Group. Everything we do across both organisations should contribute towards achieving goals within at least one of these priority areas. They represent the long-term objectives of the Group, and each has an ambition and a success measure that

we can track. Every year we will analyse our performance as a Group and set annual goals designed to make the biggest impact on each of these areas. Delivering our goals will move us closer towards achieving our overall vision.

- Patient - Excellent patient experience shaped by the patients' voice.
- Quality - Outstanding quality healthcare underpinned by continuous, patient-centred improvement and innovation.
- Systems and Partnerships - Seamless, timely pathways for all people's health needs, working together with our partners.
- Sustainability - A resilient and creative University Hospital Group, embracing every opportunity to improve care.
- People - An inclusive place to work where people are empowered to make a difference.





## Every year...

We operate



**two hospital sites**  
and several services  
based in the  
community.



Together they serve a  
population of around

**900,000** people  
across Northamptonshire

We employ over

**11,000**



staff

And are one of the  
**largest employers in**  
Northamptonshire



We have a **budget**  
of around

**£620**  
million

In 2020/21 we  
received more than

**£1.4 million**  
funding

For research  
studies, enabling

**4,270 patients**  
to participate in  
research trials



We care for



around

**765,000**  
outpatients



We care for around

**92,000**  
inpatients



Our Emergency  
Departments care for  
more than

**226,000**  
people

We carry out  
more than

**140,000**



operations

# Statement on Quality

Welcome to the Quality Account for University Hospitals of Northamptonshire (UHN) for 2024/25. It was a privilege to join UHN as Chief Executive on 1 October 2024. I have since been inspired by the dedication, compassion and professionalism of our teams across the UHN Group.

This Quality Account has been designed to incorporate both Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust which make up UHN and reports on the quality of our services. It offers you the chance to find out more about what we do and how well we are performing. Our aim is to describe how we provide high-quality clinical care to our service users, the local population and our commissioners in a balanced and accessible way.

In the account we present updates on our progress against our quality priorities for the year in review alongside our priorities for the year ahead. Beyond these, we are delighted to share some of our key achievements during the year which illustrate our commitment to providing the best possible care for patients which remains our overall aim. Our performance metrics evidence the continuous cultural shift which demonstrates an organisation aiming to improve and deliver outstanding patient care.

Throughout the year we have aligned our executive leadership as well as senior leadership in our division, corporate nursing, medical and operations across UHN. We will continue to strengthen our UHN collaboration and will embed our Divisional structure throughout UHN. During 2024/25 we have made much progress, innovation and resilience, delivered against the backdrop of some of the most severe financial pressures the NHS has ever faced. Despite these challenges, our teams have remained focused on what matters most: delivering safe, high-quality, and compassionate care to the people of Northamptonshire.

We have made strides in urgent and emergency care, cancer pathways, and diagnostics. We have reduced long waits, improved patient flow, and introduced new models of care, all while managing increased demand and constrained resources.

KGH Maternity services entered the NHSE Maternity Safety Support Programme (MSSP) in July 2024, with the official onboarding taking place on 9 December 2024. The service has an appointed senior midwifery and obstetric consultant Maternity Improvement Advisor (MIA). KGH is now in the Diagnostic phase of the MSSP with the Quality Improvement site visit being completed in October 2024.

Throughout UHN we employ over 11,500 people, from frontline staff to support services, volunteers, to clinical leaders. This year we have focused on building a stable, supported and engaged workforce - achieving lower vacancy and turnover rates, improving training compliance and investing in wellbeing and career development.

We are supported by the Northamptonshire Health Charity. Its primary purpose is to support our work by providing grant funding, making use of the many generous donations and legacies they receive from the general public and from fund raising activities. To ensure local



governance of funds, our senior nurses and managers are heavily involved as fund advisors, actively recommending the specific projects where funds should be spent. During the financial year the charity paid £0.486m as grants, of specific note:

- Capital investment in High-Intensity Focused Ultrasound system for Urology £0.25m, Bespoke Welcome Desk for Critical Care and Child Health projects including the Robert Watson garden.
- Contribution to expenditure for building works and maintenance £0.07m, furniture and fittings £0.03m, staff training and events £0.02m.

In September, the UHN Excellence Awards provided an opportunity to recognise the outstanding contributions of our colleagues and volunteers-celebrating the compassion, accountability, respect, integrity and courage that underpin everything we do. Our volunteers continue to play an incredibly important role supporting our patients, colleagues and visitors.

At NGH we are pleased to see that after 12 years of fundraising, planning, hard work and determination from teams across NGH and Maggie's charity, building works have begun on a new Maggie's Centre in the grounds of NGH. The centre will provide a beautiful, calm space where anyone affected by cancer can just walk in, have a cup of tea and find out any additional information, help and support they need. We strive to provide the best possible care for people affected by cancer and the development of the Maggie's Centre will enhance the services we provide across the whole of Northamptonshire.

In cancer care, NHSE recently shared that Northamptonshire currently holds the best 18-week and 52-week performance by local health system across the region. We also have strong long waits performance where we have the smallest numbers of patients waiting over 65-weeks for treatment in the region. We also introduced a new treatment for early-stage bowel and rectum cancers, and expanded screening to patients aged 50 and 52- further improving outcomes and access.

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This last year, we laid the foundation for a unified digital future with the launch of our 2025 - 2028 Group Digital and Data Strategy, bringing together UHN and Leicester under a shared vision. By aligning leadership, infrastructure, and innovation, we are accelerating the delivery of digital solutions that improve patient care, empower staff, and drive efficiency. We have modernised core technology across our hospitals and have been working towards the launch of electronic patient records at NGH and automated key communications to improve patient

experience. We also established the AI Governance Oversight Group to ensure the safe and effective use of AI, helping reduce administrative burden and enhance clinical outcomes. Together, these steps mark real progress in transforming care through digital innovation. We have modernised core technology across our hospitals, launched tools like the Post Op Recovery App and Patient Portal, and automated key communications to better support patients. We also established the AI Governance Oversight Group to ensure the safe and effective use of AI, helping reduce administrative burden and enhance clinical outcomes. Together, these steps mark real progress in transforming care through digital innovation.

At NGH we continue with our preparation for NerveCentre (the supplier of our new Electronic Patient Record (EPR) system). The new EPR system will mean relevant patient information is more easily accessible in one digital place – including blood tests, current medication, medical history, nursing assessments and much more. We currently use millions of pieces of paper a year therefore moving to a digital solution will also reduce our paper usage and help us to be more sustainable. It will also mean improvements to how we care for our patients and an enhanced experience of working at NGH too. This is just the start of the multi-year programme with NerveCentre with roll out commencing in 2025.

Sustainability has remained a key priority. We have delivered major carbon reduction projects, improved waste management and maintained our Green accreditation for the 11th consecutive year. These efforts are not only good for the environment—they are essential to building a healthcare system that is fit for the future. All of this has been achieved while navigating a financial landscape that continues to place immense pressure on NHS organisations. We are operating in an environment where every decision must balance quality, safety, and value for money. Yet, even in this context, our teams have continued to innovate, improve, and deliver for our patients.

At KGH our new Energy Centre is a vital part of redevelopment. It replaces the temporary steam boilers and ageing electrical infrastructure that currently provide energy for the hospital and is designed to service both our current hospital building and any future developments in a more sustainable way. Although funding for the New Hospital Programme has been paused, we continue to move forward at KGH with essential enabling works to prepare for future redevelopment. As part of our commitment to Building a Better KGH, we also secured funding for a new two-storey extension to the Rockingham Wing. This will include a 32-bed maternity ward, a new Local Neonatal Unit, and a Bereavement Suite, designed in collaboration with our bereaved parent's group and the Twinkling Stars Appeal, with support from the Northamptonshire Health Charity.

We have strengthened our commitment to patient and community engagement, welcoming over 90 new service users to the UHN Patient Engagement Pool and co-producing initiatives with local partners including Northamptonshire Carers, Northamptonshire Association for the Blind, and Healthwatch. These efforts, supported by expanded feedback mechanisms, are helping us shape services around what matters most to those we serve.

As I look back on the past year, I want to acknowledge the contributions of our colleagues and our partners across Northamptonshire. Their collaboration and support have been essential in helping us deliver our objectives. Together, we are making steady progress toward a more resilient, efficient, and sustainable healthcare system for Northamptonshire.



I hope this Quality Account provides a clear picture of the importance of quality and patient safety at NGH and that you find it informative. To the best of our knowledge, we confirm that the information provided in our Quality Account is accurate.

As well as our determination to ensure we continue to maintain high quality services throughout, over the next 12 months our focus, as always, will be on providing safe and high-quality support and care, at the right time and in the right place for those people who need our services.

A handwritten signature in black ink, appearing to read 'Laura Churchward', with a stylized, cursive script.

**Laura Churchward**  
UHN Chief Executive

# Statement of Directors' Responsibilities

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year.

NHS Improvement has issued guidance to NHS foundation trusts boards (such as KGH) on the form and content of annual quality reports (which incorporate the legal requirements) and on the arrangements that NHS foundation trusts boards should put in place to support the data quality for the preparation of the quality report.

For NHS Trust such as NGH the Department of Health has issued guidance on the form and content of annual Quality Accounts (in line with requirements set out in Quality Accounts legislation).

In preparing the Quality Account, directors have taken steps to assure and satisfy themselves that:

## **For KGH:**

- the content of the quality report meets the requirements set out in the NHS foundation trust annual reporting manual 2018/19 and supporting guidance Detailed requirements for quality reports 2018/19.
- the content of the quality report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2024 to March 2024
  - papers relating to quality reported to the board over the period April 2024 to March 2024
  - feedback from commissioners dated 20/06/2025
  - feedback from governors dated 7 May 2025
  - feedback from local Healthwatch organisations dated 30 May 2025
  - feedback from overview and scrutiny committee dated 13 May 2025
  - the latest national patient survey
  - the latest national staff survey
  - the latest CQC inspection report

## **For KGH and NGH**

- The Quality Account presents a balanced picture of the trust's performance over the reporting period.
- The performance information reported in the Quality Account is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm they are working effectively in practice.



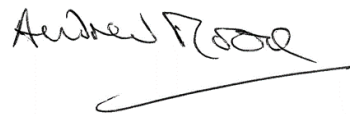
- The data underpinning the measure of performance reported in the Quality Account are robust and reliable, conform to specified data quality standards and prescribed definitions, and are subject to appropriate scrutiny and review.
- The Quality Account has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data for the preparation of the quality account and the Department of Health guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the board



**Laura Churchward**  
UHN Chief Executive



**Andrew Moore**  
UHN Chair

# Innovation, Improvements and Awards

## Pathway to Excellence

We are immensely proud that Northampton General Hospital is the first hospital in the UK to achieve the internationally recognised Pathway to Excellence® accreditation, we are also the second hospital in Europe to achieve Pathway to Excellence® designation for a second time; this means that we have created a positive practice environment in which our staff feel that they can flourish and grow.

## New state-of-the-art ophthalmology suite for eye injection patients

Kettering General Hospital has opened a cutting-edge £250,000 ophthalmology suite at Nene Park Outpatients Centre, offering faster, one-stop procedures for eye injection patients. Treating conditions like macular degeneration and diabetic retinopathy, this dedicated suite

enhances patient experience while freeing up hospital operating theatres. The new suite will benefit about 1,400 patients a year who need injections in the eye to combat conditions that affect vision and can lead to blindness.



## Kings Heath Community Diagnostic Centre officially opens its doors

The new Community Diagnostic Centre, located adjacent to the Kings Heath General Practice in Northampton, officially opened its doors. This state-of-the-art facility is set to transform access to diagnostic services in the community, offering cutting-edge technology to aid in early detection of serious conditions like cancer and heart disease, enabling patients to receive life-saving treatments quickly.



Northamptonshire NHS patients can now be referred to Kings Heath for advanced imaging services such as Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) scans, housed externally to the GP practice, as well as Echocardiograms and Ultrasound equipment conveniently located within the GP building. Run by the Northampton General Hospital and with the new MRI and CT unit run by Alliance Medical, this new hub aims to improve population health outcomes, boost diagnostic capacity, and enhance efficiency and productivity in diagnostics for NHS patients.

## Intensive care unit at KGH receives DAISY team award

The Intensive Care Unit at Kettering General Hospital has received an internationally recognised award following a nomination from a grateful patient with autism.

It has won a DAISY Team award for the way the ICU team – including nurses, doctors, healthcare assistants, administrative and cleaning staff – all worked together to make the patient's stay less frightening.

DAISY Awards were first launched in America in 1999 following the death of a patient Patrick J Barnes who had received outstanding care for a Diseases Attacking the Immune SYstem, (DAISY). KGH has been involved in the DAISY Award scheme since 2020 and has awarded 50 individual awards but this was the first ever team award. They are now operated in hospitals across the UK as an internationally recognised achievement.



## New generation of tiny leadless pacemakers fitted at NGH

Northampton General Hospital has become one of the first hospitals in the UK to fit 28 new generation leadless pacemakers for cardiac patients in its first year of operation.

The miniature pacing device - which is less than 2 grams in weight – is implanted inside of the right ventricle of the heart and remains undetected to the human eye, unlike traditional pacemakers that are often seen under the surface of the skin.

It is 93% smaller than traditional pacemakers with a battery life of about 16 years - 40 per cent more than older pacemakers.



## KGH facilities and estates wins partnership award

Kettering General Hospital has won a national award for the way it has worked with a partner and used technology to become more efficient at managing its facilities and estates. It has won the best Facilities Management Partnership Award in the FM and Property Awards 2024.

The accolade is for the way it has worked with Service Works Global to





install and use computer aided facilities management (CAFM) software to streamline the way it works and BIM (building information modelling) which enables it to create a digital 3D model of the site.

### **KGH security team highly commended in national award**

The security team that provides around-the-clock support for staff at Kettering General Hospital has received a highly commended position in a national award. Held at the University of Birmingham the awards provided an opportunity to honour those who consistently demonstrate pride in their daily work within healthcare security. The Team won the highly commended category for Healthcare Security Officer team award in the annual awards of the National Association for Healthcare



Security for their work in patient and staff safety. They were noted for their skills in handling a wide range of incidents, ranging from mental health crises to physical altercations.

### **KGH wins national accreditation for supporting armed forces personnel and patient**

Kettering General Hospital (KGH) has been awarded two sets of national accreditations for the way it has improved care and support for Armed Forces colleagues and patients.

It has achieved the Veterans Covenant Healthcare Alliance (VCHA) - accrediting the hospital as being Veterans Aware - and the Ministry of Defence's Silver Award in the Defence Employer Recognition Scheme (DEMR). This means the hospital - which is part of UHN - has demonstrated its commitment to the Armed Forces Covenant principles and a commitment to meeting care and support standards laid out by the NHS.



### **Hand therapy team 'highly commended' in national health awards**

Two therapists from Northampton General Hospital have won a highly commended placing in a national award for a new way of supporting patients that also cuts carbon emissions.

Their entry was a proposal around hand therapy – something which patients receive after having an operation on their hands or arms after a soft tissue injury or bone fracture or after having surgery for another reason, such as tendon repair. They realised that patients sometimes had delays in receiving therapy because of the need to contact patients to set

up post-operative appointments and therapy sessions.

So instead they decided to offer patients a hand therapy consultation before they went in for their operation, and set some appointments in advance, so that the patient already knew what to do and expect after their operation. This enabled patients to start their therapy, including exercises, splinting and wound checks, without delay, speeding up their recovery, reducing complications, and reducing the need for multiple follow-up appointments with the resultant extra car journeys and impact on the environment.



## NGH achieves a green award for its commitment to sustainability

Northampton General Hospital has achieved a Green Accreditation with the national Investors in the Environment (iie) scheme for the way it is working to reduce its carbon emissions and waste. Achieving a Green Accreditation means the hospital has demonstrated it is focused on sustainable development and carbon emission reduction and is committed to finding ways to achieve these goals.



Accreditation also means the Trust has demonstrated continual improvement and delivered a minimum of 2% efficiency improvements year-on-year. The hospital's environmental challenge is significant with its 40-acre site having buildings from multiple eras dating back to its opening on its current site in 1793.

## Highly commended in national award

Staff at Kettering General Hospital who created a mobile phone App to help patients on the road to recovery following operations have won a highly commended placing in a national award.

The KGH Post Op App has been created by doctors and nurses working together with patients and external technology experts. It achieved highly commended (second place) in the HSJ Digital Awards 2024 in the Digital pathways to Net Zero category. HSJ Digital Awards 2024: Moving Towards Net Zero Through Digital | HSJ Awards | Health Service Journal. It also reached the finals in another award category for Supporting Elective Recovery



through Digital. The App enables patients to answer key questions about their recovery through mobile phone questionnaires as well as posting pictures and video of their wounds for doctors and nurses to study. It provides patients great reassurance their recovery is progressing and helps them save time and money by reducing the need to attend hospital follow-up appointments – reducing the impact of patients on the environment through car journey.

### **KGH top quality mark**

Kettering General Hospital's Cardiac Rehabilitation Service for people who have had heart problems has achieved a hard-won national quality mark. It has been awarded the Green National Certification Award for Cardiac Rehabilitation 2024-2025 for the way it delivers timely and high-quality services for patients.





# Part 2

Priorities for improvement and statements relating to quality of NHS services provided





## We have three priorities in 2025:

1. Transforming patient care
  2. Strengthening our culture
  3. Delivering our financial plan
- These are underpinned by 10 key deliverable as can be see below.

## Our Priorities and Deliverables 2025-2026

**Dedicated to excellence in patient care and staff experience, and to becoming a leader in clinical excellence, inclusivity and collaborative healthcare.**

**Our goal areas**

**Transform patient care**



**Strengthen our culture**



**Deliver our financial plan**



### Our UHN values



**Compassion**

We care about our patients and each other. We consistently show kindness and empathy and take the time to image ourselves in other people's shoes.



**Accountability**

We take responsibility for our decisions, our actions and our behaviours. We do what we say we will do, when we say we will do it. We acknowledge our mistakes and we learn from them.



**Respect**

We value each other, embrace diversity and make sure everyone feels included. We take the time to listen to, appreciate and understand the thoughts, beliefs and feelings of others.



**Integrity**

We are consistently open, honest and trustworthy. We can be relied upon, we stand by our values and we always strive to do the right thing.



**Courage**

We dare to take on difficult challenges and try out new things. We find the strength to speak up when it matters and we see potential failure as an opportunity to learn and improve.

## Our Priorities and Deliverables 2025-2026

Ten key deliverables underpin these priorities. If our priorities are the 'what', our deliverables are the 'how':



**1. We will** aim to deliver national access targets in planned care and transform pathways with system partners to safely reduce the number of people accessing urgent and emergency care (UEC) in our hospitals.



**2. We will** deliver our Quality priorities, which includes PSIRF and the perinatal safety programme.



**3. We will** take action on the 2024 staff survey feedback and deliver our People Plan prioritised actions for 2025, which includes action to tackle bullying, discrimination and harassment.



**4. We will** deliver major digital change, including the new EPR, aligning clinical systems across UHN and exploring automation of corporate systems.



**5. We will** go further in integrating clinical and corporate services across UHN, delivering seamless pathways and



**6. We will** further develop our collaborative model with UHL, improving productivity and creating joint plans for clinical and corporate services where appropriate.



**7. We will** accelerate work to integrate patient care, removing barriers between secondary, community and primary care services.



**8. We will** deliver our workforce plan as a key component of financial plan delivery.



**9. We will** increase our research and trial activities by 10%.



**10. We will** foster a learning culture, rolling out our 'Improving Together' continuous improvement methodology and giving teams the tools to improve care, experience, and productivity.

# Statements Relating to Quality of NHS Services Provided

## Review of Services

In 2024/25 our usual contracting processes have been in place for both Trusts. The lead Commissioner remained as NHS Northamptonshire Integrated Care Board (ICB). Northamptonshire ICB are the statutory body responsible for local NHS services, functions, performance and budgets and is made up of local NHS trusts, primary care providers, and local authorities. They also commission services from the Trust on behalf of NHS Cambridgeshire & Peterborough ICB, NHS Leicester, Leicestershire and Rutland ICB, Bedfordshire Luton and Milton Keynes Integrated Care board (BLMK ICB). This arrangement constitutes a range of acute hospital services including elective, non-elective, day case and outpatients.

In addition, the Trusts are also commissioned by NHS England for Prescribed Specialised Services such as the provision of a special baby care unit, specialised cardiac interventions, neonatal intensive care, the provision of a highly specialist urological surgery services, specialist cancer services and other specialised services. Additionally, this contract includes some Secondary Care Dental Services (please note Secondary Care Dental Services are contracted by NHS England but have been delegated to ICBs for payment purposes) and screening services commissioned on behalf of Public Health England (now UK Health Security Agency) such as Bowel and Breast Screening.

The Trusts also provide a variety of services to other NHS organisations, public sector organisations and private sector companies. The Trust has reviewed all the data available to them on the quality of care in these relevant health services.

For KGH, the income generated by the relevant health services represents 95% and for NGH, represents 90% of the total income generated from the provision of relevant health services by the Trust for 2024/25

	KGH	NGH
Sub-Contracted Services – The Trust as Provider	<p>Key KGH contracts were held with:</p> <ul style="list-style-type: none"> <li>Northampton General Hospital NHS Trust</li> <li>Northamptonshire Healthcare NHS Foundation Trust ,,,</li> <li>One Medicare LLP</li> <li>Ramsay Health Care UK</li> <li>University Hospitals Leicester NHS Trust</li> <li>University of Northampton</li> </ul> <p>The services provided includes medical staffing and support services, such as diagnostics (Pathology and Radiology) or accommodation.</p>	<p>During 2024/2025, the Trust provided services to relevant health or support services including:</p> <ul style="list-style-type: none"> <li>St Andrews Healthcare</li> <li>Ramsay Health Care UK</li> <li>Oxford Radcliffe University Hospitals</li> <li>Kettering General Hospital NHS Foundation Trust</li> <li>Northamptonshire Healthcare NHS Foundation Trust</li> <li>BMI Three Shires Hospital</li> </ul> <p>The services provided includes medical staffing and support services, such as Diagnostics (Pathology and Radiology) or accommodation.</p>

<p>Sub-contracted Services – Provided to the Trust</p> <p>During 2024/25, the Trust subcontracted services to organisations for relevant health services.</p>	<p>Key contracts include:</p> <ul style="list-style-type: none"> <li>• Healthcare at Home Ltd</li> <li>• Northampton General Hospital NHS Trust</li> <li>• Northamptonshire Healthcare NHS Foundation Trust</li> <li>• University Hospitals Leicester NHS Trust</li> <li>• Addenbrookes Hospital</li> <li>• Nottingham University Hospital NHS Trust</li> <li>• British Red Cross</li> </ul> <p>These sub-contracted services include:</p> <ul style="list-style-type: none"> <li>• Consultant Medical staffing in various specialties</li> <li>• Therapy services (including paediatric Physiotherapy and Occupational Therapy, Speech &amp; Language Therapy, Dietetics, and Podiatry)</li> <li>• Specialist Nursing (including, but not limited to adult and paediatric diabetes nursing, Practice Development and multiple sclerosis nursing)</li> <li>• Clinical Psychology support for Oncology</li> <li>• Special Needs Dentistry</li> <li>• Insourced clinical support within surgical specialities</li> <li>• Immunology Consultant Support</li> <li>• Hospital discharge support</li> </ul> <p>We also retain a range of agreements with voluntary sector providers for services such as Hospital Education and 4X4 vehicle support for use during emergencies.</p> <p>In addition, the Trust accessed services specifically aimed at supporting the timely access to diagnostics with Ramsay Health Care UK Operations Limited procured via the national Independent Sector Framework arrangements.</p>	<p>Key NGH contracts include:</p> <ul style="list-style-type: none"> <li>• Kettering General Hospital Foundation Trust</li> <li>• Northamptonshire NHS Foundation Trust</li> <li>• Backlogs Ltd</li> <li>• Blatchford Group</li> <li>• Boots UK Ltd</li> <li>• several General Practices (GPs)</li> </ul> <p>Examples of sub-contracted services include:</p> <ul style="list-style-type: none"> <li>• Consultant Medical staffing in various specialties</li> <li>• Therapy services (including paediatric Physiotherapy and Occupational Therapy, Speech &amp; Language Therapy, Dietetics, and Podiatry)</li> <li>• Histopathology</li> <li>• Community Dermatology Clinics at GP surgeries</li> <li>• Special Needs Dentistry</li> <li>• Immunology Consultant Support</li> <li>• Insourced clinics to recover waiting lists.</li> </ul> <p>We also have a range of agreements with voluntary sector providers for services such as hospital education and discharge support.</p> <p>In addition, the Trust accessed services at BMI Threes Shires hospital specifically aimed at supporting timely access to treatment procured via the national Independent Sector Framework arrangements.</p>
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Contracted Support Services	<p>KGH commissions 4Ways Healthcare Limited for the provision of Radiology Reporting services and Alliance Limited with respect to mobile Magnetic Resonance Imaging (MRI) and Computerised Tomography (CT) services.</p> <p>We also have a contract with Stor-a-file Limited for the provision of offsite medical records storage and retrieval. We have an agreement with System C Healthcare for medical record scanning and many electronic patients record systems.</p> <p>The Trust also has a number of contracts with Medicines Homecare providers which has included:</p> <ul style="list-style-type: none"> <li>• Healthcare At Home</li> <li>• Lloyds Pharmacy Clinical Homecare</li> <li>• Pharmaxo</li> <li>• Healthnet Alcura</li> <li>• Polarspeed</li> <li>• Healthnet Homecare</li> </ul>	<p>NGH commissions Medica Reporting LTD for the provision of Radiology Reporting services.</p> <p>The Trust also continues to hold a few contracts with Medicines Homecare providers which has included:</p> <ul style="list-style-type: none"> <li>• Healthcare At Home</li> <li>• Bionical Solutions Limited</li> <li>• Lloyds Pharmacy Clinical Homecare</li> <li>• Pharmaxo</li> </ul>
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Contract and performance management frameworks exist for the main contracts held by the Trust and through these commissioner and provider responsibilities are clearly stated and monitored.

The Trust holds regular contract meetings with sub-contractors to monitor performance against the contract. However, concerns relating to the quality of subcontractors can also be raised at any point in the year and a formal contract meeting will take place to discuss anything raised and address these concerns.

The Trust also reserves the right to make unannounced visits to relevant sub-contracted services to check the quality of their service provision.

### Participation in National Clinical Audits

The two hospitals information are provided separately because this is an account of 2024-25.

#### • KGH

During 2024/25, 60 national clinical audits and three national confidential enquiries covered relevant health services that Kettering General Hospital NHS Foundation Trust provides.

The National Clinical Audits and National Confidential Enquiries that Kettering General Hospital NHS Foundation Trust participated in, and for which data collection was completed during 2024/25. Along with this are the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry for those audits with closed data collection deadlines.

Eligible National Clinical Audits	Participated	Number of cases submitted	Participation rate	Comments
<b>NCEPODs</b>				
Emergency (non-elective) procedures in children and young people	✓	5/7	100%	In Progress
Hypernatraemia	✓	1/1	100%	Complete
Hyponatraemia	✓	2/3	66%	In Progress
<b>British Thoracic Society</b>				
Society of Acute Medicine Benchmarking Audit (SAMBA)	✗			Resource not available to complete data collection.
<b>Falls and Fragility Fractures Audit programme (FFFAP)</b>				
Inpatient falls	✓	-	-	Data collection on going
Hip fracture database	✓	-	-	Data collection on going
<b>National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme</b>				
COPD Secondary Care	✓	-	-	On-going data collection
Pulmonary Rehabilitation	✓	-	-	Data collection on-going
Adults Asthma	✓	-	-	Data collection on-going
Children and Young People's Asthma	✓	-	-	Data collection on-going
<b>National Cancer Audit Collaborating Centre</b>				
National Audit of Primary Breast Cancer	✓	-	-	Data collection on going pulled directly from NCRAS.
National Audit of Metastatic Breast Cancer	✓	-	-	Data collection on going pulled directly from NCRAS.
National Kidney Cancer Audit (NKCA) National Cancer Audit Collaborating Centre	✓	-	-	Data collection on going pulled directly from NCRAS.

Eligible National Clinical Audits	Participated	Number of cases submitted	Participation rate	Comments
National Lung Cancer Audit (NLCA) National Cancer Audit Collaborating Centre	✓	-	-	Data collection on going pulled directly from NCRAS.
National Non-Hodgkin Lymphoma Audit (NNHLA) National Cancer Audit Collaborating Centre	✓	-	-	Data collection on going pulled directly from NCRAS.
National Ovarian Cancer Audit (NOCA) National Cancer Audit Collaborating Centre	✓	-	-	Data collection on going pulled directly from NCRAS.
National Pancreatic Cancer Audit (NPaCA) National Cancer Audit Collaborating Centre	✓	-	-	Data collection on going pulled directly from NCRAS.
National Prostate Cancer Audit (NPCA) National Cancer Audit Collaborating Centre	✓	-	-	Data collection on going pulled directly from NCRAS.
<b>National Cardiac Audit Programme (NCAP)</b>				
National Heart Failure Audit	✓	-	-	Data collection on going
Myocardial Ischaemia National Audit Project (MINAP)	✓	-	-	Data collection on going
National Audit of Cardiac Rhythm Management (CRM)	✓	-	-	Data collection on going
National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	✓	-	-	Data collection on going
<b>National Comparative Audit of Blood Transfusion</b>				
Audit of Blood Transfusion against NICE guidelines	✗	-	-	Due to staffing capacity participation was not achievable. Local audit undertaken
Serious Hazards of Transfusions (SHOT)	✓	-	-	Data collection on going
Bedside Transfusion Audit	✓	-	-	Data collection commencing 1st March – 31st May 2024

Eligible National Clinical Audits	Participated	Number of cases submitted	Participation rate	Comments
<b>National Diabetes Audit — Adults</b>				
National Inpatients HARMS Diabetes Audit	✓	-	-	Data collection on going
National Diabetes Foot care Audit	✓	-	-	Data collection on going
National Diabetes in Pregnancy Audit	✓	34/34	100%	
National Diabetes Audit (NDA)	✓	-	-	Do not have sufficient IT software to participate. Procurement of IT software underdevelopment. HCL Technologies data submitted quarterly.
Transition (Adolescents and Young Adults) and Young Type 2 Diabetes Audit				
Gestational Diabetes Audit	✓	-	-	Pulled directly National Diabetes in Pregnancy Audit.
<b>National Gastro-intestinal cancer audit programme</b>				
National Bowel Cancer Audit	✓	-	-	Data collection on going pulled directly from National Cancer Registration and Analysis Service (NCRAS).
National Oesophago-Gastric Cancer Audit (NOGCA)	✓	-	-	Data collection on going pulled directly from NCRAS.
<b>Maternal, New-born and Infant Clinical Outcome Review Programme</b>				
Perinatal Mortality Review	✓	-	-	Data collection on-going
Surveillance	✓	-	-	Data collection on-going
<b>Royal College of Emergency Medicine</b>				
Care of Older People	✓	-	-	Data collection on going due to close Oct 2025.
Adolescent Mental Health QIP	✓	-	-	Data collection on going due to close October 2025.
Time Critical Medications	✓	-	-	Data collection on going due to close October 2025.



Eligible National Clinical Audits	Participated	Number of cases submitted	Participation rate	Comments
<b>Other Audits</b>				
British Association of Urological Surgeons (BAUS) Penile Fracture Audit	✓	-	-	Data collection on going
BAUS Data & Audit Programme: BAUS I-DUNC	✗			
Case Mix Programme (CMP)	✓	-	-	Data collection on going
Elective Surgery - National Patient Reported Outcome Measures (PROMs) Programme	✓	-	-	Finalised report not yet available
Learning Disabilities Mortality Review (LeDer)	✓	-	-	Data collection on going
National Audit of Care at the End of Life (NACEL)	✓	50	100%	Six monthly audit deadlines met.
National Audit of Dementia (NAD)	-	-	-	No Audit during 2024/25.
National audit of Epilepsy and Seizures (Epilepsy 12)	✓	-	-	Data collection on-going
National Cardiac Arrest Audit (NCAA)	✓	-	-	Data collection on-going
National Child Mortality Database (NCMD)	✗	-	-	No system currently in place however under development
National Early Inflammatory Arthritis Audit (NEIAA)	✓	-	-	Data collection on going
National Emergency Laparotomy Audit (NELA)	✓	-	-	Data Collection ongoing
National Joint Registry (NJR)	✓		100%	Gold Award for data quality
National Maternity and Perinatal Audit (NMPA)	✓	-	-	Data collection on going

Eligible National Clinical Audits	Participated	Number of cases submitted	Participation rate	Comments
National Neonatal Audit Programme - Neonatal Intensive and Special Care (NNAP)	✓	-	-	Data collection on going
National Paediatric Diabetes Audit (NPDA)	✓	-	-	Data collection on going (closes May 23)
National Major Trauma Registry	✓	-	-	Data collection on going
National Ophthalmology Database (NOD): Age-related Macular Degeneration Audit	✓	-	-	Data collection on going
National Ophthalmology Database (NOD): Cataract Audit	✓	-	-	Data collection on going
Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS): Orthognathic Surgery				
UK Cystic Fibrosis Registry – children’s and young people	✓	-	-	Submitted by Tertiary Units.
UK Renal Registry Chronic Kidney Disease Audit	✓	-	-	Data collection on going
UK Renal Registry National Acute Kidney Injury Audit	✓	-	-	Data collection on going

During 2024/25, the publication of 45 national audit reports were released, 35 of these were relevant to the trust. KGH is currently reviewing all relevant reports and formulating action plans for which the trust intends to take in response to these publications to improve the quality of healthcare provided. Examples action plans which have been developed and fully.

Audit	Key Actions /Recommendations
Breathing Well respiratory audit report (NRAP)	<ol style="list-style-type: none"> <li>1. All people with COPD and asthma who smoke, and smokers who are parents of children and young people with asthma, should be offered evidence-based treatment and referral for tobacco dependency. In England, the Department of Health and Social Care, NHS England and integrated care boards should work together to provide increased resource to all acute, mental health and maternity services in England, so that every provider develops and implements a comprehensive inpatient tobacco dependency service. KGH have a tobacco treatment service where all patients who are noted to be smokers are offered treatment and referral and this is across all patients.</li> <li>2. All people with asthma and COPD discharged from hospital after an acute event should have a current self-management plan. Where this is not achieved, services should work towards a target of 75% by May 2026. Services should prioritise patient-centred approaches and explore the role of clinically approved digitally supported self-management. In England, integrated care boards should work with providers to ensure that there is adequate resource to support frontline clinicians in the delivery of patient's discharge bundles. At KGH all the patients have a self-management plan that is delivered throughout the patients discharge bundle. This is documented through the NRAP National audit.</li> <li>3. All patients requiring pulmonary rehabilitation should have timely access to the intervention, in line with recommendations from NICE and the British Thoracic Society's clinical statement on pulmonary rehabilitation.<sup>8</sup> Where that's not achieved, services should work towards a target of 70% of patients starting a PR programme within 90 days of referral, and 70% of patients with acute exacerbation of COPD starting within 30 days of referral, by May 2026. In England, integrated care boards should be resourced to create increased pulmonary rehabilitation capacity. At KGH the pulmonary rehabilitation team see patients within 30 days of their referral. This is massively improved on the National target of 90 days. A showcase was submitted by the KGH PR team to go to the National body who look after the audit due to their huge improvements.</li> </ol>
NEIAA: National Early Inflammatory Arthritis Audit (NEIAA)	<ol style="list-style-type: none"> <li>1. Ensure consultant job plan guidance includes allocated time for triage and pre-referral specialist advice.</li> <li>2. Ensure commissioned rheumatology services include protected Early Inflammatory Arthritis (EIA) clinics.</li> <li>3. Produce a national guideline recommending that people living with EIA are offered a DMARD on the day of their diagnosis.</li> </ol>

Audit	Key Actions /Recommendations
	<ol style="list-style-type: none"> <li>4. Improve regulatory oversight of individual healthcare providers by utilising routine NEIAA data to assess standards of care and ensure compliance with quality standards.</li> <li>5. Improve timely access to employment and mental health support programmes for people living with EIA.</li> </ol>
NELA: National Emergency Laparotomy Audit (NELA) Year 9 report	<ol style="list-style-type: none"> <li>1. Royal Colleges should work together to publish consensus pathways for patients presenting to hospital who might require emergency laparotomy. These pathways should include: <ol style="list-style-type: none"> <li>a. diagnostic, radiological, and initial management phases of a patient's presentation prior to a decision to operate.</li> <li>b. targets for timeliness of each pathway step.</li> </ol> </li> <li>2. Commissioners should ensure that Trusts/hospitals provide adequate specialist care for older patients and those with frailty following emergency laparotomy, per guidance published by the Royal College of Surgeons of England, British Geriatrics Society, and the Centre for Perioperative Care. To expand the pool of clinical staff with the requisite specialist skills, Royal Colleges of Physicians, Surgeons and Anaesthetists should consider working together to develop common competency-based training curriculum around optimising perioperative care for older patients and those living with frailty who undergo emergency surgery.</li> <li>3. Healthcare services provided to those from more deprived backgrounds need to be matched to their greater need. This requires strategic planning.</li> </ol>
National Hip Fracture Database (NHFD) FFAP / Using the national database to improve hip fracture care (NHFD)	<ol style="list-style-type: none"> <li>1. To ensure that hospitals are ready for the people they know will present each day, so patients receive each step of their care at the right place at the right time. Recent ward moves has resulted in a change in base ward for T&amp;O patients. Audit to be undertaken to review prompt admission specialist ward to ensure more appropriate admission ward.</li> <li>2. To ensure that all hospitals provide both prompt surgery and optimal peri-operative care so patients can start getting back on their feet as soon as possible. Audit to be developed to find out reasons for delays to surgery and ensure patients are getting mobilised appropriately.</li> <li>3. To ensure rehabilitation and recovery is planned and started early and continues beyond the hospital with measures to prevent another fracture. QI project being started to look at improving bone medication and will include 120 day follow up as the project develops. Will utilise the Post-Op app for follow up.</li> </ol>
National Paediatric Diabetes Audit (NPDA) 2023/24 data - First Year of Care Parent and Patient Reported Experience Measures (PREMs) 2024	<ol style="list-style-type: none"> <li>1. Ensure families are educated about the importance of understanding the process of DKA, as this can be a life-threatening complication. Resources should be created to support families at diagnosis in understanding DKA and these should be clearly signposted.</li> </ol>



Audit	Key Actions /Recommendations
	<ol style="list-style-type: none"> <li>2. Families should have 24-hour access to advice by a fully trained and experienced expert in managing paediatric diabetes emergencies. Teams should ensure that families know how to access this advice.</li> <li>3. All newly diagnosed children and young people and their parents and carers should be provided with full multidisciplinary team support, including a diabetes psychologist.</li> <li>4. Diabetes technologies should be offered to all children and young people with diabetes in England and Wales in line with the NICE guidelines. The NPDA will continue to support the provision of data to inform the NHS England Hybrid Closed Loop 5-year implementation strategy.</li> <li>5. Paediatric diabetes teams should be provided with the skills and training to be able to ask each family about any financial challenges they face. Teams should be signposting to national and local sources of information and support families with diabetes experiencing financial hardship.</li> <li>6. Paediatric Diabetes Units should be aware of the high levels of disrupted sleep following diagnosis of diabetes. Studies should be funded to understand the impact of a diabetes diagnosis on parent and carer wellbeing, including quality of sleep, and the factors that may mitigate this impact, such as diabetes technologies. Families should be offered psychological support after a diagnosis of diabetes.</li> </ol>
SHOT: Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme	<ol style="list-style-type: none"> <li>1. Addressing patient identification errors to enhance transfusion safety: Accurate and complete identification of patients receiving transfusions is essential for patient safety and should be reflected in clinical and laboratory settings and embedded in transfusion practice. Already included in Trust policy and trust transfusion education. All errors investigated and reported as appropriate. Group and save 'no-test' data is pulled from the Laboratory Information Management System (LIMS) monthly and can be used to identify trends and provide feedback on sample rejection.</li> <li>2. Safe staffing to support safe transfusions: Healthcare leaders should review their organisation's workforce needs to ensure that appropriate staffing is in place with future planning, including digital transformation to support a safe transfusion service. Transfusion Team unable to influence ward staffing levels. Trust has daily Staffing cell meeting in which Trust wide patient acuity and dependency is reviewed and staffing levels/skill mix is reviewed. Staff reallocated as required to ensure safe patient care.</li> <li>3. All staff groups involved in the blood transfusion process are competency matched to blood transfusion training and transfusion sampling competency as required per role and task. Training completion rates for each staff group are monitored via Hospital Transfusion meetings.</li> </ol>

Audit	Key Actions /Recommendations
	4. Effective, timely communications to ensure safe transfusions: Staff should receive appropriate training on effective communication skills including cultural sensitivity. Feedback mechanisms must be in place to ensure continuing improvement in processes with optimal use of technology to support safe communications. Transfusion Team unable to influence Trust wide communication training. Transfusion training does include how ward/department staff are to communicate with Blood Bank.

The reports of 177 local clinical audits were registered by the provider in 2024/25. 57 of these were fully completed with actions/improvements embedded across the Trust. Examples of actions the Trust intends to take the following actions to improve the quality of healthcare:

Audit	Key Actions (closed)
Audit of Wrong Blood Collection Tubes Incidents in Paediatrics	<ol style="list-style-type: none"> <li>1. A laminated copy of the Paediatric Blood Tube Guideline is to be shared across clinical areas, including Skylark, PAU, the Local Neonatal Unit, Paediatric Phlebotomy, and Paediatric A&amp;E.</li> <li>2. The Paediatric Blood Tube Guideline is to be uploaded the intranet.</li> </ol>
An Audit of Glandular Abnormalities on Cervical Screening	Email results to all colposcopists highlighting key recommendations relating to LLETZ depth and MDT discussion.
Audit of Cranial Ultrasound (CrUSS) Screening in Preterm Infants	<ol style="list-style-type: none"> <li>1. Improve awareness of timely CrUSS screening by making laminated local guidelines available to the neonatal unit.</li> <li>2. Organize weekly CrUSS meeting among the neonatal team for scan review and teaching.</li> <li>3. Laminated local guidelines of timely CrUSS screening to be shared with the neonatal unit.</li> </ol>
Audit on paediatric medication errors	<ol style="list-style-type: none"> <li>1. Modification of the current drug chart to include the name of the prescriber and not just the signature of the prescriber is currently ongoing by the Pharmacy department. Once this is implemented, there will be no need for a mandatory use of name stamps by Junior doctors.</li> <li>2. Training of Junior Doctors during induction and Regular training on Paediatrics Prescription</li> <li>3. Junior Doctors will be reminded regularly to make use of the Safe Prescribing Room on Skylark for prescription of medications after ward rounds and handovers.</li> <li>4. Provision of Name stamps, which includes the names and registration numbers by doctors to enable easy identification</li> </ol>
Improving daily inpatient reviews: A standardised ward round proforma	Incorporate recommendations provided by the ward team onto the ward round proforma. Edit the proforma accordingly and present it at the departmental meeting before finalising it
Aviation (fitness to fly) advice for patients' post-acute coronary syndrome	<ol style="list-style-type: none"> <li>1. Create a poster on aviation guidelines for patients with cardiovascular disease. Poster on fitness to fly guidelines is created and showcase during the audit presentation.</li> </ol>

Audit	Key Actions (closed)
	<ol style="list-style-type: none"> <li>2. Doctors to regularly advise patients on aviation rules and document the findings on patient notes. Inform doctors to write the information on the discharge letter, regular provide aviation advice and write the advice on patient notes. Doctors will be informed during weekly Cardiology teaching when the audit is presented.</li> <li>3. Discharge letters for all patients post-ACS will have a section to add aviation advice. Discharge letters for all patients post-ACS will have a section to add aviation advice. Inform discharge admin to include fitness to fly advice on all discharge letter - this will be cross-checked by doctors authorising the discharge letters."</li> <li>4. Display the posters in CCU doctors,' registrars' offices, and cardiac centre. The posters that were showcased in the weekly cardiology teaching will be printed out and displayed the offices and the cardiac centre.</li> </ol>
Calculation and Utilisation of Wells Score and PERC Score for patients admitted to SDEC with Chest Pain	<ol style="list-style-type: none"> <li>1. Improve compliance with documentation of Wells and PERC scores. Conduct teaching sessions in the acute medical teaching sessions.</li> <li>2. Prepare poster to raise awareness of the importance of PERC score &amp; WELLS score.</li> <li>3. To prepare an algorithm that indicate the steps of managing patient with chest pain with suspected PE.</li> <li>4. Liaise with Trust Nurse Specialist for VTE to discuss findings and recommendations/actions. Attend VTE Steering Group meeting for discussion of findings with Trust VTE Clinical Lead.</li> </ol>
Head CT - Lens exclusion	<ol style="list-style-type: none"> <li>1. To focus on improving Radiographer awareness with regular Teaching sessions.</li> <li>2. Teaching session for the CT radiographer not to include the eye lens in CT head scan.</li> <li>3. Adding Poster in the CT rooms to remind the radiographer to exclude the lens from the CT head scans.</li> <li>4. We have added the lens exclusion in the checklist for CT radiographers</li> </ol>
Patch testing referral Re-audit.	<ol style="list-style-type: none"> <li>1. To remove all the previous forms from clinical rooms and replace them with new referral forms.</li> <li>2. To send a reminder email to all the colleagues to ensure that they are aware of the new form and remind them to complete all the tick boxes to show it has been acknowledged.</li> </ol>
Traumatic ankle pain - Adequacy of clinical information with reference to the Ottawa ankle rules	<ol style="list-style-type: none"> <li>1. Address non-compliance to ensure that clinical practice aligns with evidence-based standards. Provide a departmental teaching to ensure that clinicians are aware.</li> <li>2. Have a poster to be in A&amp;E to act as a reminder for clinicians, to re audit in three months time</li> </ol>

Audit	Key Actions (closed)
Assessing Compliance of Sedation Policies in the Intensive Care Unit	<ol style="list-style-type: none"> <li>1. Daily Morning Meeting after Handover on Monday of every week for a month to emphasize the significance of sedation hold and result of this audit to reinforce the practice of sedation vacation in ICU. Also, Emphasizing the importance of the sedation column in ICU Chart.</li> <li>2. Posters to be put in ICU, Staff Room and Resource Room to remind and reinforce practice of sedation hold.</li> </ol>
An Audit of the Management of Delirium in NOF Fracture Patients	Change the admission delirium assessment from an AMTS questionnaire to a 4AT Assessment. The benefit is that it can be used to compare the score to the post-op delirium 4AT assessment.
Assessment of the compliance with Department of Health VTE risk assessment tool in the perioperative period at the surgical day-case unit	<ol style="list-style-type: none"> <li>1. VTE risk assessment tool form should be completed in the preoperative assessment clinic.</li> <li>2. VTE risk assessment tool should be checked both sides and signed by the surgeons on the day of surgery in the surgery day-case unit.</li> <li>3. If patient indicated for VTE prevention should have both mechanical and pharmacological unless contraindicated</li> <li>4. Patients not indicated for VTE prevention should not have neither mechanical nor pharmacological prophylaxis.</li> <li>5. Surgery day case unit nursing staff should not provide mechanical prophylaxis without signed VTE risk assessment tool stating that VTE prevention indicated without contraindication</li> </ol>
ENT Emergency Clinic Audit: Enhancing Patient Care and SHO Experience	<ol style="list-style-type: none"> <li>1. Standardised Patient Pathways: Developing standardised pathways for common ENT conditions to streamline assessment, diagnosis, and treatment processes. Aimed to improve clinical decision-making and ensure consistency in care delivery across SHOs.</li> <li>2. Optimization of Workload Management: Providing an additional support and resources to Senior House Officers, for example increased staffing during peak hours and access to clinical support staff. Implementing time-saving protocols for common procedures to enhance efficiency.</li> <li>3. Training and Education: Offering ongoing training and education opportunities for Senior House Officers to enhance their clinical skills and knowledge. Conducting workshops, seminars, and providing online resources tailored to the specific needs of SHOs working in the emergency clinic.</li> </ol>

## ● NGH

During 2024-25, there were 66 national clinical audits, and seven national confidential enquiries covered NHS services that Northampton General Hospital provides as part of University Hospital of Northampton.

During that period NGH participated in 100% of these national clinical audits and the national confidential enquiries that it was eligible to participate in.

The national clinical audits and national confidential enquiries that NGH / UHN was eligible to participate in during 2024-25 are listed below alongside the number of cases by percentage submitted of registered cases required by the terms of that audit or enquiry where this is specified.

Programme	Division	Title	Return %	Report Reviewed in 2024/25	Action Plan 2024/24	Comments
BAUS Urology Audits	Surgery	BAUS I-DUNC (Impact of Diagnostic Ureteroscopy on Radical Nephroureterectomy and Compliance with Standard of Care Practices)	N/A	N/A	N/A	Audit registered
Breast and Cosmetic Implant Registry	Surgery	Breast and Cosmetic Implant Registry	N/A	N/A	N/A	Action plan not required
Emergency Medicine QIPs	Medicine	Adolescent Mental Health	N/A	N/A	In Progress	Issues remain with the audit provider poor communication
	Medicine	Care of Older People	N/A	N/A	In Progress	Issues remain with the audit provider poor communication
	Medicine	Time Critical Medications	N/A	N/A	In Progress	Issues remain with the audit provider poor communication
Falls and Fragility Fracture Audit Programme	Medicine	National Audit of Inpatient Falls	N/A	Yes	Action plan in Place	Rolling action plan in place across RCEM QIPs
	Medicine	National Hip Fracture Database	N/A	N/A	N/A	Non-compliant- no service in place in NGH



Programme	Division	Title	Return %	Report Reviewed in 2024/25	Action Plan 2024/24	Comments
Intensive Care National Audit	Surgery	Case Mix Programme	N/A	Yes	In Progress	quarterly reports released
Kidney Audits	Medicine	UK Renal Registry Chronic Kidney Disease Audit	NHS	N/A	N/A	Run from central database in Leicester
	Medicine	UK Renal Registry National Acute Kidney Injury Audit	NHS	N/A	N/A	Run from central database in Leicester
Maternal, Newborn and Infant Clinical Outcome Review Programme	WCOH	Perinatal Mortality Surveillance	N/A	Yes	Met Recommendations	
	WCOH	Maternal mortality surveillance	N/A	Yes	In Progress	Joint report with Maternal mortality confidential enquiries
National Adult Diabetes Audit	Medicine	National Core Diabetes Audit	N/A	Yes	In Progress	
	Medicine	National Diabetes Footcare Audit	N/A	Yes	Met Recommendations	
	Medicine	National Diabetes Inpatient Safety Audit	N/A	Yes	In Progress	
	WCOH	National Gestational Diabetes Audit	N/A	N/A	N/A	No report published as yet
	WCOH	National Pregnancy in Diabetes Audit	N/A	N/A	N/A	Last report was published October 2023
National Audit of Cardiac Rehabilitation	Medicine	National Audit of Cardiac Rehabilitation	N/A	Yes	Action plan in Place	Rolling action plan, improved performance.
National Audit of Care at the End of Life	WCOH	National Audit of Care at the End of Life	N/A	N/A	In Progress	Data submitted for the review and quality survey in Dec '24
National Audit of Dementia	Medicine	Care in general hospitals	N/A	Yes	Action plan in Place	
National Audit of Pulmonary Hypertension	Medicine	National Audit of Pulmonary Hypertension	N/A	Yes	Action plan in Place	

Programme	Division	Title	Return %	Report Reviewed in 2024/25	Action Plan 2024/24	Comments
National Cancer Audit Collaborating	WCOH	National Bowel Cancer Audit	NHS	Yes	Action plan in Place	Tumour Site Lead [SUR]
	WCOH	National Oesophago-Gastric Cancer Audit	NHS	Yes	Met Recommendations	fully compliant with recommendation 4 and 1, 2, 3 & 5 are N/A
	WCOH	National Lung Cancer Audit	NHS	Yes	Action plan in Place	Compliant to recommendations 4&5, Partial compliance to 3 and non-compliance 1&2. Rolling action plan
	WCOH	National Cancer Audit Collaborating Centre - Metastatic Breast Cancer	NHS	Yes	In Progress	Tumour Site Lead [CA & SUR]
	WCOH	29. National Cancer Audit Collaborating Centre - Primary Breast Cancer	NHS	Yes	In Progress	Tumour Site Lead [CA & SUR]
	WCOH	National Kidney Cancer Audit	NHS	Yes	In Progress	Tumour Site Lead [CA & SUR]
	WCOH	National Non-Hodgkin Lymphoma Audit	NHS	Yes	In Progress	Work in progress
	WCOH	National Ovarian Cancer Audit	NHS	Yes	In Progress	Work in progress
	WCOH	National Pancreatic Cancer Audit	NHS	Yes	In Progress	Work in progress
National Cardiac Arrest Audit	Medicine	National Cardiac Arrest Audit	N/A	Yes	Action plan in Place	
National Cardiac Audit Programme	Medicine	Myocardial Ischaemia National Audit Project	N/A	Yes	Action plan in Place	
	Medicine	National Audit of Cardiac Rhythm Management	N/A	Yes	Action plan in Place	
	Medicine	National Audit of Percutaneous Coronary Interventions (Coronary Angioplasty)	N/A	Yes	Action plan in Place	
	Medicine	National Heart Failure Audit	N/A	Yes	Action plan in Place	

Programme	Division	Title	Return %	Report Reviewed in 2024/25	Action Plan 2024/24	Comments
National Child Mortality Database Programme	WCOH	National Child Mortality Database	N/A	N/A	N/A	NSCP office submit data directly to NCMD on all deaths
National Clinical Audit of Seizures and Epilepsies for Children and Young People	WCOH	Epilepsy12	N/A	Yes	Met Recommendations	Meeting recommendations 1,2,3. - Partial compliance:4 & 5 action in place
National Maternity and Perinatal Audit	WCOH	National Maternity and Perinatal Audit	N/A	Yes	Met Recommendations	
National Comparative Audit of Blood Transfusion	CSS	Audit of NICE Quality Standard QS138	N/A	Yes	Action plan in Place	
	CSS	Bedside Transfusion Audit	N/A	N/A	N/A	Awaiting start date
National Early Inflammatory Arthritis Audit	Medicine	National Early Inflammatory Arthritis Audit	N/A	Yes	Met Recommendations	
National Emergency Laparotomy Audit	Surgery	National Emergency Laparotomy Audit	n/a	Yes	In Progress	
National Joint Registry	Surgery	National Joint Registry	99.32	N/A	N/A	
National Neonatal Audit Programme	WCOH	National Neonatal Audit Programme	N/A	Yes	N/A	Recommendations apply to East Midlands Neonatal Operational Delivery and National Health Service England
National Paediatric Diabetes Audit	WCOH	National Paediatric Diabetes Audit	N/A	Yes	Action plan in Place	Ongoing
National Ophthalmology Database Audit	Surgery	National Cataract Audit	N/A	Yes	Action plan in Place	
National Prostate Cancer Audit	WCOH	National Prostate Cancer Audit	N/A	Yes	In Progress	Shared with Tumour Site Leads

Programme	Division	Title	Return %	Report Reviewed in 2024/25	Action Plan 2024/24	Comments
National Respiratory Audit Programme	Medicine	Adult Asthma Secondary Care	N/A	Yes	In Progress	Rolling Action Plan and GIRFT
	Medicine	COPD Secondary Care	N/A	Yes	In Progress	Rolling Action Plan and GIRFT
	Medicine	Pulmonary Rehabilitation	N/A	Yes	In Progress	Rolling Action Plan and GIRFT
	WCOH	Paediatric Asthma Secondary Care	N/A	Yes	Action plan in Place	Compliant recommendations 2&3, Partial compliance to 3 and non-compliance to 1&5. Action plan: pre-business case submitted for hiring a paediatric asthma nurse.
National Vascular Registry	Surgery	National Vascular Registry	N/A	N/A	N/A	Action plan overdue
Out-of-Hospital Cardiac Arrest Outcomes	Medicine	Out-of-Hospital Cardiac Arrest Outcomes	N/A	Yes	Action plan in Place	Rolling action plan
Perinatal Mortality Review Tool	WCOH	Perinatal Mortality Review Tool	N/A	Yes	Action plan in Place	
Perioperative Quality Improvement Programme	Surgery	Perioperative Quality Improvement Programme	N/A	N/A	N/A	Not applicable to NGH
Sentinel Stroke National Audit Programme	Medicine	Sentinel Stroke National Audit Programme	N/A	Yes	Action plan in Place	
Serious Hazards of Transfusion	CSS	UK National Haemovigilance Scheme	N/A	Yes	Met Recommendations	
Society for Acute Medicine Benchmarking Audit)	Medicine	Society for Acute Medicine Benchmarking Audit	N/A	Yes	Met Recommendations	

Programme	Division	Title	Return %	Report Reviewed in 2024/25	Action Plan 2024/24	Comments
National Major Trauma Registry	NMTR	National Major Trauma Registry [Previously TARN. Commenced during 2024]	100	N/A	N/A	Report not issued since TARN disappeared
UK Cystic Fibrosis Registry	WCOH	UK Cystic Fibrosis Registry	N/A	N/A	N/A	Awaiting report to be published. Ongoing data collection
Quality and Outcomes in Oral and Maxillofacial Surgery	Surgery	Orthognathic Surgery	N/A	N/A	N/A	Awaiting report
	Surgery	Non-melanoma skin cancers	N/A	N/A	N/A	Audit just registered on AMaT
Maternal, Newborn and Infant Clinical Outcome Review Programme	WCOH	Maternal morbidity confidential enquiry - annual topic based serious maternal morbidity (joint with 69. Perinatal programme)	N/A	Yes	In Progress	Recently arrived migrant women with language difficulties
	WCOH	Maternal mortality confidential enquiries	N/A	Yes	In Progress	Joint report with Maternal mortality surveillance
	WCOH	Perinatal mortality and serious morbidity confidential enquiry	N/A	Yes	In Progress	Recently arrived migrant women with language difficulties
National Confidential Enquiry into Patient Outcome and Death	NCEPOD	Lower Limb Ischaemia	100	N/A	N/A	Report not published yet
	NCEPOD	Blood Sodium	71	N/A	N/A	Report not published yet
	NCEPOD	Idiopathic Juvenile Arthritis	100	Yes	Met Recommendations	No exceptions to highlight
	NCEPOD	Paediatric Emergency Surgery	40	N/A	N/A	Report not published yet

The reports of 69 national clinical audits and national confidential enquiries were reviewed by or not applicable to the provider in during 2024-25 and NGH intends or has taken the following actions to improve the quality of healthcare provided:

- Recruiting to Advanced Pharmacist, ED.
- Utilising CDC and advice room which has converted to clinical US room.
- Improving and closer scrutiny of MRI referrals Pathway.
- Seven day working for therapists recruited and commenced from (Weekend 11 January 2025).



- Critical Care Pharmacy's team poster commended at a national conference.
- Improve family and friends feedback, look at our procedures for completing Delirium assessments.
- Respond to the need for ongoing support and regular review when recovering from the life-changing effects of acute stroke and ensure that all stroke survivors receive formal follow-up 6 months after their stroke, with further support made available for those identified with ongoing needs.
- Develop a system which supports and enables a higher level of knowledge of the patients we care for.
- Support the shift to leaving hospital much sooner and at an earlier stage in rehabilitation by providing equitable access to needs-based integrated 7-day rehabilitation along the whole pathway.
- Seven-day access to respiratory specialist advice and respiratory nurse specialists.
- Implementation of workforce ratios.
- Have processes in place to hasten time to administration of analgesia after an injurious fall.
- Ensure that there are robust governance processes in place to understand when post-fall checks fail to correctly identify a fall related injury.'
- Review their policies and practice to ensure that older hospital inpatients are enabled to be as active as possible.
- Pre business case submitted for hiring a paediatric asthma nurse.
- Patients started on Hybrid closed loop system (HCL) to improve diabetes control; 1:1 school education and training to engage adolescents and improve their glycaemic control; Focus on clinics for children with high HbA1c.
- PMRT parent engagement materials being assessed and updated.
- Reviewing PMRT team membership.
- Reviewing VTE risk assessments in new IT systems so pregnant women are risk assessed appropriately throughout the hospital.
- Reviewing and updating VTE guideline.
- Reviewing CPR management of women with PE who have had a cardiac arrest.
- Hip fracture meetings with ED representative held to improve time to referral to orthopaedics in ED.
- Another business case (previously rejected) for fracture liaison service to be submitted.
- Orthogeriatric support for patients with hip fractures is getting better but still needs improving.

The reports of 231 local clinical audits were reviewed by the provider in 2024-25 and NGH have already or intend to take actions to improve the quality of healthcare. The following are some examples:

- 2 cycles with a Quality Improvement Project in the middle led to significant improvement in appropriate anti-biotic prescribing and documenting course duration.

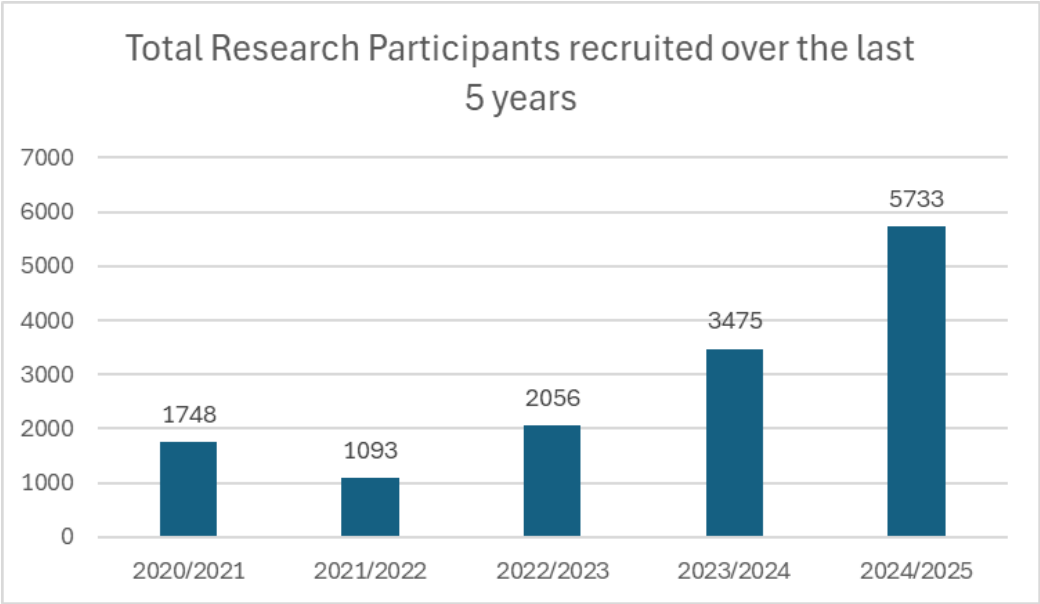
- Clinical Audit first cycle actions led to significant improvement in:
  - the initial VTE assessment.
  - 24-hour risk assessment.
  - 3rd review when applicable.
- Training and the development of guidance and algorithm for the improvement in adherence to accuracy in procedure title documentation for excised skin lesions.
- Communication with medical staff about the importance of completing and signing the large for gestational age proforma when discussions have taken place with the women and ensuring that this is filed in the case notes and creation and provision of information away with them. To improve more appropriate implementation of repeat D-dimer testing due to the lack of supporting primary data.
- Increasing awareness of the existing guidelines for the quality of reporting bladder tumours in transurethral resection of bladder specimens for histopathologists with discussion of difficult cases at multidisciplinary meetings.
- To improve the grading in reports of Osteoporotic Vertebral Fragility Fractures, specially the moderate to severe categories to be detailed in the reports.
- Good standard of documentation of patients with Maxillofacial Trauma booked directly onto consultant clinics and action needed to improve the booking of out of hours traumatic lacerations.
- Started weekly MDT meetings to discuss recent cases of cardiotocograph and implemented training for midwives on correct use, interpretation and escalation of these.
- To introduce a care plan template using the Association of British Clinical Diabetologist standards of care for management of Adults with Diabetes to guide clinician to incorporate most current guidelines into practice.
- Improved documentation and follow-up guidance for patients with details such as next of kin, GP registered, Eye examination and provisional or differential diagnosis.
- Increase the awareness of the criteria for referring for histology and microbiology testing for placenta examination after birth.
- Introduction of default full lipid profile, especially hypercholesterolaemia, to the first set of ischaemic stroke bloods.
- Improving documentation in anaesthesia through sustaining awareness, redesigning the charts to reduce burden of writing and introduction of doctor stamps.

# Participation in Clinical Research

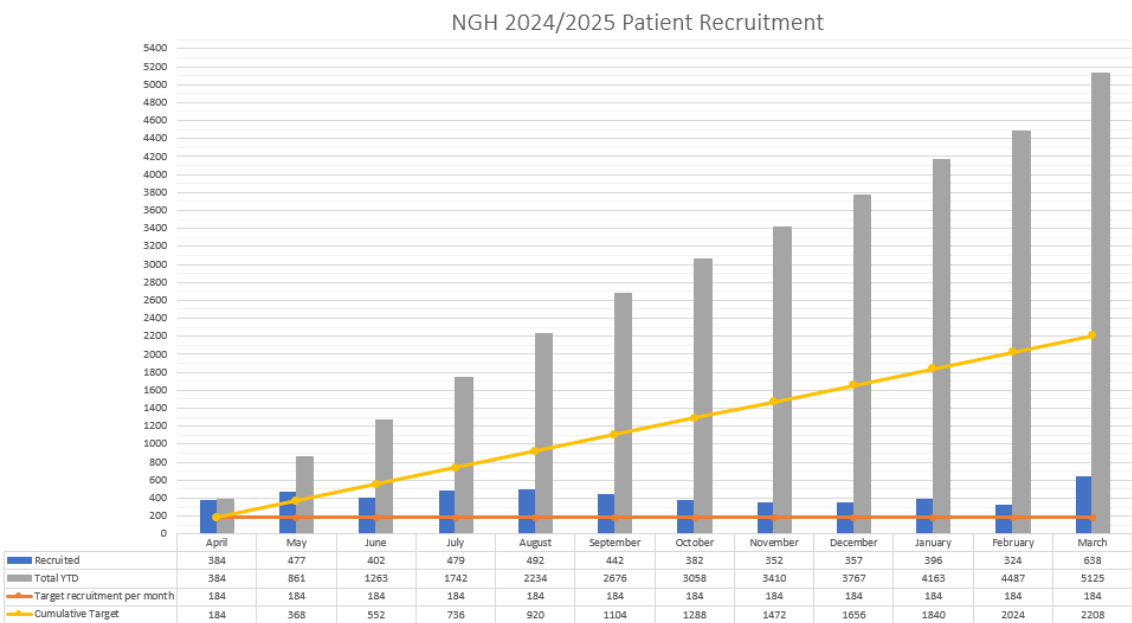
At KGH the number of patients receiving relevant health services, provided or subcontracted in 2024/25, that were recruited to participate in research approved by a research ethics committee are 5,733.

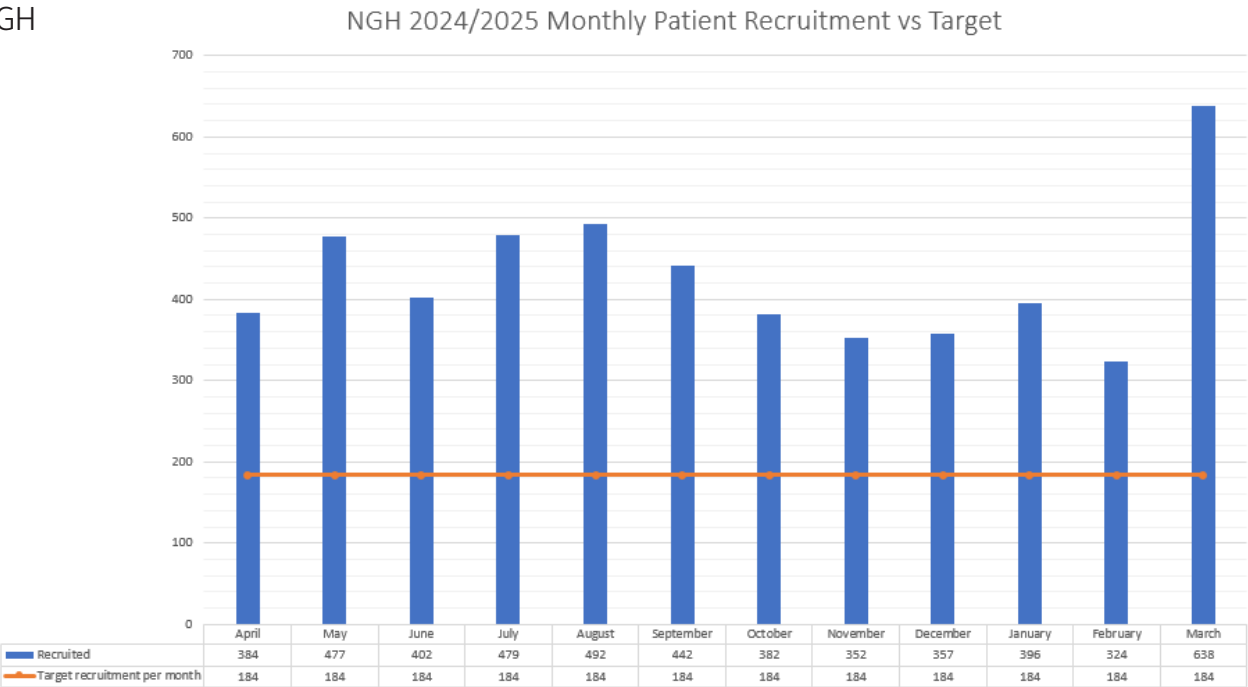
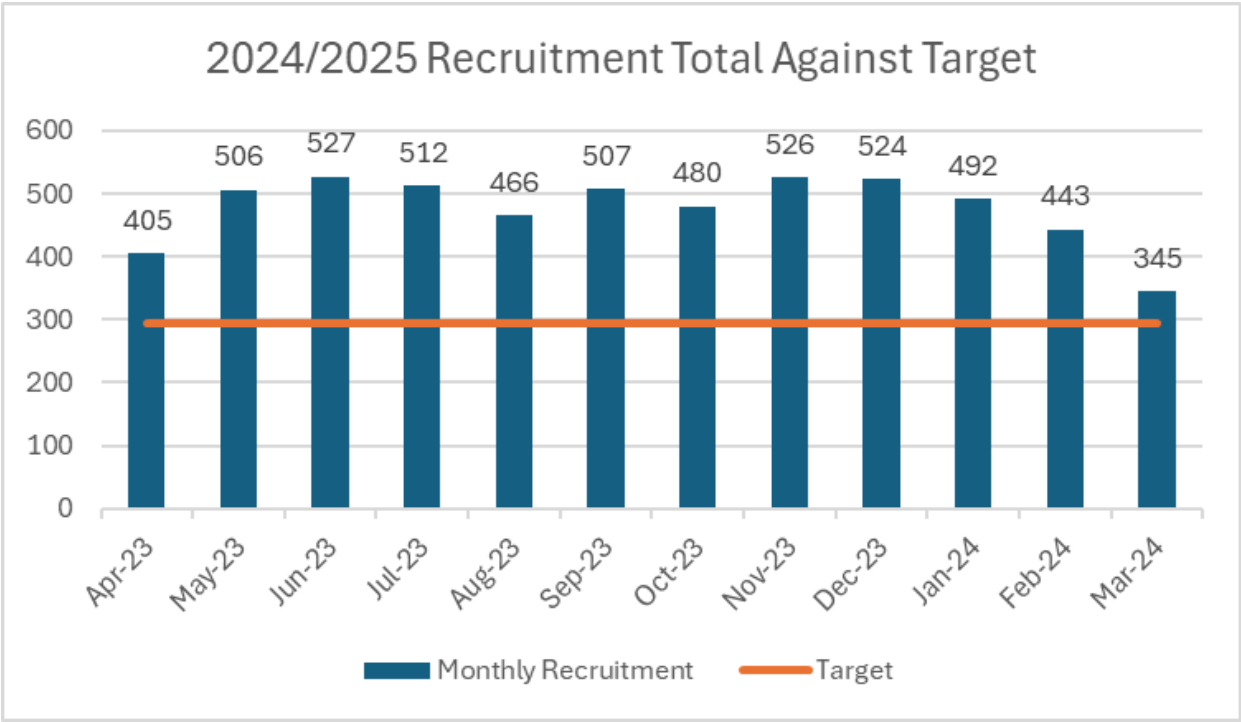
At NGH, there has been a significant increase in research participation – 5,125 participants were recruited in 2024/25 compared to 1,892 participants in 2023/24. A substantial amount of work has been undertaken to improve the processes for Expressions of Interest, Feasibility and Study Set-up, and the result has been a steady pipeline of studies and continued successes in recruitment. The continued success of the OBS-UK study has also contributed to a sharp rise in recruitment and remains one of our highest recruiting studies.

KGH



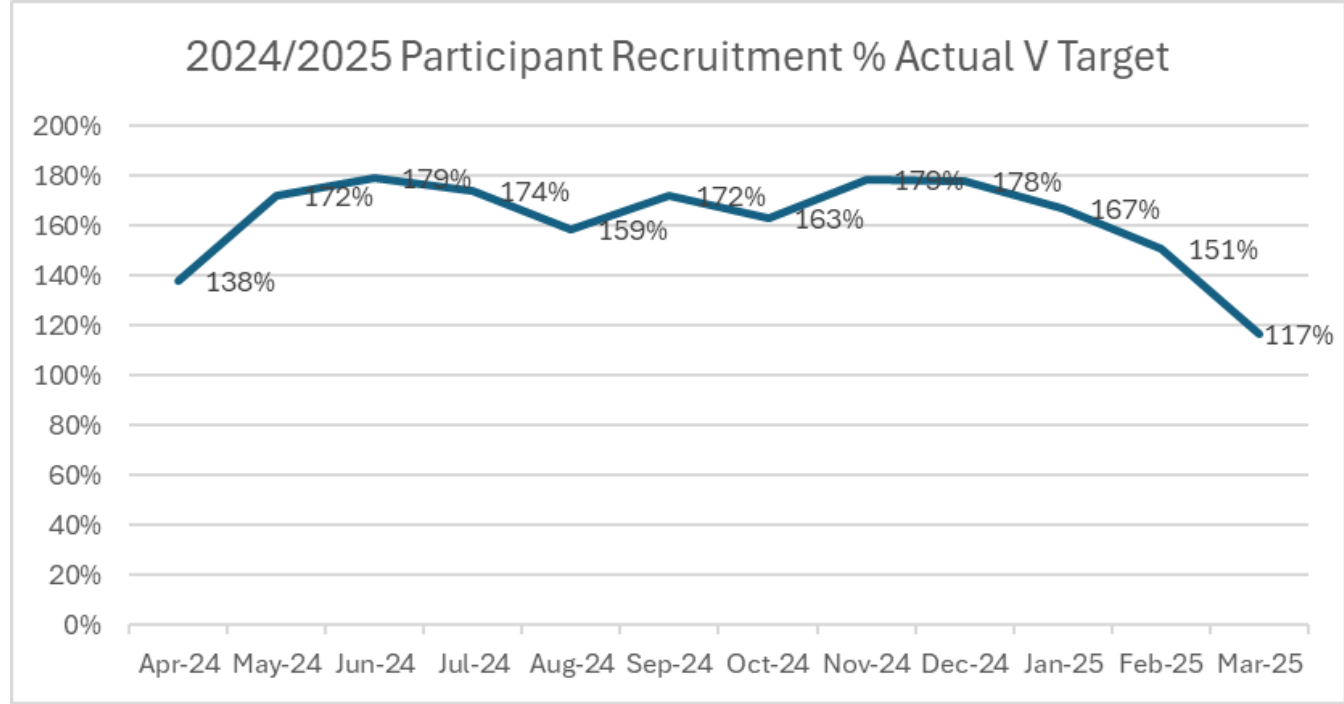
NGH







KGH



NGH



The partnership with UHL has gone from strength to strength as we align our processes and policies to support Research and Innovation. We have appointed a UHL/UHN Director of Research and Innovation, further strengthening our partnership. We have also formed a partnership with the Leicestershire and Northamptonshire Commercial Research Delivery Centre (CRDC). As a spoke of the CRDC, we hope our collaboration will increase opportunities for patients to participate in commercial research and bring income to the Trust which can be invested in further research for the benefit of our patients. We are also pleased to report the appointments of a UHN Clinical Director of R&I and a UHN Deputy Director of R&I.

## Commissioning for Quality and Innovation (CQUIN) Income

The CQUIN framework supports improvements in the quality of services and the creation of new, improved patterns of care. The mandatory CQUIN scheme is currently paused.

## Care Quality Commission (CQC)

KGH and NGH are required to register with the CQC under the Health and Social Care Act 2008.

### ● KGH CQC

KGH were the subject of an inspection by the CQC on 5 and 6 December 2023 with the report published on 23 May 2024. On this inspection the CQC did not cover the well-led question, nor did they inspect use of resources or the combined quality and resource. The inspection focussed four core services:

- Medical Care (including older people's care)
- Services for children & young people
- Surgery
- Urgent and emergency services

The CQC, stating the areas for improvement, found actions the Trust must take to comply with its legal obligations and actions the Trust should take to improve services or because it was failing to do something, but this did not constitute a breach of regulation. The outcome of the inspection resulted in KGH having 37 must do and 37 should do recommendations. These have been put into an improvement plan and monitored through the AmAT digital system to provide assurance. Each recommendation has an associated action or actions to be taken to meet the recommendation. In total there are over 190 actions. Actions continue to be reviewed to ensure the action is appropriate and the deadline for the action was manageable. The actions are being worked on to meet the recommendations.

The current rating for KGH overall is "Requires Improvement." The tables below show the ratings at core service level and the overall Trust position.

Kettering General Hospital NHS Foundation Trust

## Kettering General Hospital

Overall  
rating

Inadequate

Requires  
improvement

Good

Outstanding

### Are services

Safe?

Requires  
improvement

Effective?

Requires  
improvement

Caring?

Good

Responsive?

Requires  
improvement

Well-led?

Requires  
improvement

The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at <https://www.cqc.org.uk/location/RNQ51>

We would like to hear about your experience of the care you have received, whether good or bad. Call us on 03000 61 61 61, e-mail [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk), or go to [www.cqc.org.uk/share-your-experience-finder](https://www.cqc.org.uk/share-your-experience-finder)

Find out what we have changed since we received this rating from CQC:

Kettering General Hospital NHS Foundation Trust

## Kettering General Hospital

**Overall  
rating**

Inadequate

**Requires  
improvement**

Good

Outstanding

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Services for children & young people	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Critical care	Good	Good	Good	Good	Good	Good
Diagnostic imaging	Good	Not rated	Good	Good	Good	Good
End of life care	Good	Requires Improvement	Good	Good	Good	Good
Maternity	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Outpatients	Good	Not rated	Good	Good	Good	Good
Surgery	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Urgent and emergency services	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement



## ● NGH CQC

On 18 February 2025, the Care Quality Commission (CQC) carried out a two-day unannounced inspection at Northampton General Hospital. This was part of a national review focusing on urgent and emergency care (UEC) and medical services, including care for older people, in hospitals experiencing high levels of pressure.

NGH were the subject of an inspection by the CQC in February 2025. A section 29a warning notice was served on 21 March 2025 for failing to meet the regulations related to safe care and treatment in the emergency department due to overcrowding and because significant improvement was required to improve patient flow through the hospital.

The timing of the inspection coincided with a particularly challenging period for our hospital. During the visit, we were managing high demand in our Emergency Department (ED), delays in patient flow, and the use of Temporary Escalation Spaces to accommodate additional patients. There were also delays in ambulance handovers, and some patients experienced extended waits in ambulances. Despite these challenges, the CQC inspectors noted the compassion and dedication of our staff, particularly those working in the Emergency Department. They recognised the caring approach taken by our teams and the strong collaboration between inpatient services.

No formal notices were issued during the visit, but on 27 February 2025, the Trust received a letter indicating the intent to pursue enforcement action under Section 31 of the Health and Social Care Act 2008. In response, the Trust submitted a comprehensive high-level action plan on February 28, 2025.

However, the inspection team also raised concerns regarding elements of care within the urgent and emergency care pathway and the ongoing challenges with patient flow across the hospital. As a result, the Trust received a Section 29A Warning Notice from the CQC on 21 March 2025. This notice highlights areas where urgent improvements are required.

The section 29a warning notice focuses on 3 areas of concern:

- Potential of harm to patients in the emergency department.
- Hospital flow.
- Privacy and dignity of patients.

In response to this and the letter of intent we have made some immediate changes and developed a detailed action plan focused on key points raised within the feedback. Some immediate actions put in place were:

- Matron for the Day Model: focusing on quality and safety across ED and Medicine.
- Enhanced Audit and Oversight: increased frequency of care process audits in Temporary Escalation Spaces (TES) and embedding established patient areas into routine quality and safety audits.
- Optimised Staffing and Resources: increased Waiting Room 1 staffing, urgent review of pressure-relieving aids, and intentional rounding every two hours in TES for patients exceeding four hours.

- Fit to Sit Model Implementation: developed, implemented, and monitored via matron audits with governance oversight.
- Strengthened Leadership and Decision-Making: senior nurse leadership development, clarification of roles and structured safety huddles with key decision-makers.
- ED Risk Escalation and Governance: regular risk escalation to site meetings, Divisional Triumvirate, and Governance forums, ensuring proactive responses to safety concerns.
- Optimised Patient Flow: allocation of beds based on total time in ED, reduction of COA corridor capacity and release of private rooms for confidential discussions and examinations.
- Identified further escalation beds in alternative clinical areas, to facilitate the closure of the 3 trolley TES in the Resus corridor.

#### Operational and System-wide Improvements:

- Hospital-wide Flow Improvement: we have set up a group to lead improvements in discharge process across the wider hospital.
- Ambulance POD: immediate suspension, review of escalation capacity and safe reintroduction during peak pressures.
- New UEC Leadership Team: led by the Deputy Medical Director, Director of Operations and Group Associate Chief Nurse.
- System Collaboration: buddying with Sherwood Forest Hospitals to drive improvements, trusted assessor prescribing review and the development of a release-to-respond model to optimise ED flow.
- Weekly Safety Dashboard and Executive Oversight: senior director Executive team daily check-ins, weekly Executive-ED forums, and expanded ED Improvement Group with system and regional support.

The current rating for NGH overall is “Requires Improvement.” The tables below show the ratings at core service level and the overall Trust position.

Northampton General Hospital NHS Trust

# Northampton General Hospital

**Overall  
rating**

Inadequate

**Requires  
improvement**

Good

Outstanding

## Are services

Safe?

**Requires  
improvement**

Effective?

**Good**

Caring?

**Good**

Responsive?

**Good**

Well-led?

**Requires  
improvement**

The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at <https://www.cqc.org.uk/location/RNS01>

We would like to hear about your experience of the care you have received, whether good or bad. Call us on 03000 61 61 61, e-mail [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk), or go to [www.cqc.org.uk/share-your-experience-finder](http://www.cqc.org.uk/share-your-experience-finder)

Find out what we have changed since we received this rating from CQC:

Northampton General Hospital NHS Trust

## Northampton General Hospital

**Overall  
rating**

Inadequate

**Requires  
improvement**

Good

Outstanding

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Services for children & young people	Good	Good	Good	Good	Good	Good
Critical care	Good	Good	Good	Good	Good	Good
End of life care	Good	Requires Improvement	Good	Good	Good	Good
Maternity	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Urgent and emergency services	Good	Good	Good	Good	Good	Good

## Data Security and Protection Toolkit Attainment Levels

UHN uses an online tool to measure its performance against data security and information governance requirements which reflect legal rules and Department of Health and Social Care policy, this is called the Data Security and Protection Toolkit (DSPT). Each Trust must complete the Toolkit independently; however, the majority of Teams are managed as a Group and therefore the evidence is broadly consistent.

All organisations that have access to NHS patient information must provide assurances that they are practicing good information governance and use the DSP Toolkit to evidence this by the publication of annual assessments. In September 2024, the DSPT changed to adopt the National Cyber Security Centre's Cyber Assessment Framework (CAF) as its basis for cyber security and information governance assurance.

In 2023 the health and care cyber security strategy committed to adopt the CAF as the principal cyber standard in order to:

- Emphasise good decision-making over compliance, with better understanding and ownership of information risks at the local organisation level, where those risks can most effectively be managed.
- Support a culture of evaluation and improvement, as organisations will need to understand the effectiveness of their practices at meeting the desired outcomes – and expend effort on what works, not what ticks a compliance box.
- Create opportunities for better practice, by prompting and enabling organisations to remain current with new security measures to meet new threats and risks.

The DSPT is split into a number of contributing outcomes, each of which are supported by indicators of good practice grouped into levels of achievement – 'Not Achieved,' 'Partially Achieved' or 'Achieved.'

There are 39 contributing outcomes of the CAF with a further eight contributing outcomes in a custom section on 'using and sharing information appropriately', to ensure that data protection, confidentiality, and other information governance disciplines such as clinical coding are covered, totalling 47 outcomes that we must self-assess our level of compliance against using the indicators of good practice as a guide.

The Data Security and Protection Team work closely with the Digital Team, to ensure a firm focus of Data Security and Protection and Cyber Security at the Trust. The Trust's auditors (TIAA) must complete the Trusts DSPT Audit which is in line with the standard audit criteria for eight nationally agreed outcomes plus four additional Trust chosen outcomes. The DSP Team has engaged fully with the auditors and received a 'standards fully met' outcome at the last audit. The Trust is confident that it will submit a toolkit for 2025 albeit some outcomes may not be at the expectation achieved this year. The Trust will have met an estimated 45 outcomes to the required expectation and have an approved plan in place for the two remaining.

UHN reported four information governance serious incidents to the Information Commissioner's Office (ICO) in 2024 (compared to eight in 2023) all of which have been investigated fully with relevant actions identified and implemented (or planned to be implemented) as appropriate in line with Trust Policy and communications with the ICO.



We continue to develop tools to ensure compliance with General Data Protection Regulation (GDPR), the Data Protection Act and the Freedom of Information Act and have now procured the use of a Policy Management System which can enforce policies and training to relevant staff. We have a Privacy Notice which provides detailed information about how the Trust handles personal data. Furthermore, The Trust is using robust tools to ensure compliance with Data Sharing and Data Protection Impact Assessments which ensure it operates in a clear and transparent manner, with Data Protection by Design and Default at the forefront. We are responding to Subject Access Requests in a much improved and timely manner using a digital portal for patients to receive copies of their records.

The Data Security and Protection Group meets monthly to ensure the Trust has adequate controls in place with reports presented by Clinical Coding, Health Intelligence, Data Quality, Cyber Security and Data Security and Protection which are scrutinised regularly. This will move to a new Governance position within Digital in 2025/26 where we will encompass Clinical Safety at a Group level with University Hospital of Leicester NHS Trust (UHL). The Trust is proud to commit to high expectations for Data Security and Protection and has made excellent progress for a clear culture change towards Data Protection using education and reporting to promote best practice.

## Data Quality

UHN have a dedicated team that focus on data quality to ensure that data meets high standards across the seven domains of data:

1. Timeliness – determined by how the data is to be used/collected.
2. Consistent – Reliable and the same across all organisations and applications.
3. Current – update to date and valid.
4. Definition – each data element should have clear meaning and acceptable values (via a data dictionary)
5. Granularity – attributed values should be defined at the correct level of detail.
6. Precision – data values or data output should be precise enough to support the process.
7. Relevant – data to be meaningful to the performance of the process.

The Trust's internal Data Quality team routinely monitor a large suite of data quality reports, working with operational services and users to ensure errors are corrected, guidance is provided, and training needs identified. There are also several alerts in place. These are automated alerts that are generated to identify user error and system issues at source. These alerts are designed to reduce the risks associated with human error and increase staff awareness of data quality issues.

The Data Quality Team aims to provide a foundation for strategic and local management arrangements regarding Data Quality within the Trust to:

“Create a culture and understanding in staff of the value of capturing high quality data in real time to improve patient care. To continually record accurate data to ensure high quality care to all patients, citizens and stakeholders.” NHS Digital, Performance evidence delivery framework.

The quality of data and information is paramount to good decision making. This process is designed to help staff build information of quality and help users understand the need for high quality data.

We manage data to a strategic goal of building a single version of the Truth, which is of quality, to enable the Trust to be information led.

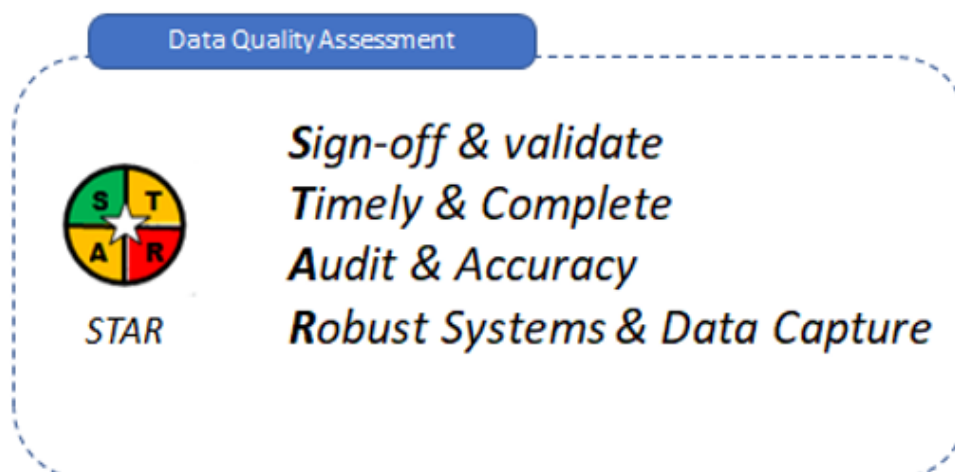
The team, work under the authority of the Group Head of Health Intelligence who ensures we address General Data Protection Regulation (GDPR) principles. Ensuring that sufficient measures are in place to monitor the following:

- CDS/SUS submission and review via NHS Digital Data Quality report.
- MSDS (Maternity) data review by CNST score
- Monitoring of the DQMI (Data Quality Maturity Index) score.
- Review of proposed Data Quality Kitemark and processes for information provisions to ensure accuracy.
- Data Quality Alerting.
- Working alongside the Digital Training and Engagement team to improve the Data Quality with insight into how a process affects the reported data.
- Close working relationships with Finance, Coding and the wider Health Intelligence team to ensure Data Quality is an integral part of all processes.

The Data Quality Policy aims to provide a structure for the assurance to improve the quality of data across the trust. A program of audits is in development to monitor data quality. Providing assurance to the trust on the data being reported, including:

- Diagnostic reports
- CDS extracts (admitted patient care, outpatients, Emergency Care and Maternity)
- National returns and submissions
- Data Validation, including data items and pathway coding; using specifications given for data submissions to ensure only valid codes are submitted.

The Data Quality Team will continue to embed the use of a Data Quality Kitemark across processes and data flows that the Trust holds. The STAR rating as a Kitemark, will address the data quality domains through scheduled assessments depending on the score achieved.



## NHS Number of General Medical Practice (GMP) Code Validity

Valid NHS Numbers		Apr-Dec 2024
KGH	Outpatients	99.94%
	Admitted Patient Care	97.10%
	Emergency Department	99.41%
NGH	Outpatients	99.99%
	Admitted Patient Care	99.94%
	Emergency Department	98.97%

Valid GMP		Apr-Dec 2024
KGH	Outpatients	99.98%
	Admitted Patient Care	99.99%
	Emergency Department	100.00%
NGH	Outpatients	100.00%
	Admitted Patient Care	100.00%
	Emergency Department	100.00%

## Clinical Coding Error Rate

Neither KGH nor NGH were subject to the Payment by Results clinical coding audit during 2024/25 by the Audit Commission.

## Learning From Deaths

Number of deaths during the reporting period

KGH	NGH
During 2024/25 1347 of Kettering General Hospital patients died at KGH. This comprised the following number of deaths which occurred in each quarter of that reporting period: 311 in the first quarter; 306 in the second quarter; 378 in the third quarter; 352 in the fourth quarter	During 2024/25 1612 total patients died at NGH. This comprised the following number of deaths which occurred in each quarter of that reporting period: 382 in the first quarter; 331 in the second quarter; 432 in the third quarter; 467 in the fourth quarter.

Period	Inpatient Deaths		ED Deaths		Total	
	KGH	NGH	KGH	NGH	KGH	NGH
Quarter 1 2024/25	280	351	31	31	311	382
Quarter 2 2024/25	272	299	34	32	306	331
Quarter 3 2024/25	337	381	41	51	378	432
Quarter 4 2024/25	314	417	38	50	352	467
<b>Total</b>	<b>1,203</b>	<b>1,448</b>	<b>144</b>	<b>164</b>	<b>1,347</b>	<b>1,612</b>

### Case record reviews and investigations

KGH	NGH
At KGH by 1 May 2025, 1,347 case record reviews and 66 investigations have been carried out in relation to 1,347 of the deaths included in item 27.1.	At NGH by 1 May 2025, 1,612 case record reviews and 261 investigations have been carried out in relation to 1,612 of the deaths included in item 27.1.
In 66 cases a death was subjected to both a case record review and an investigation.	In 261 cases a death was subjected to both a case record review and an investigation.
The number of deaths in each quarter for which a case record review or an investigation was carried out was: <ul style="list-style-type: none"> <li>• 11 in the first quarter.</li> <li>• 16 in the second quarter.</li> <li>• 21 in the third quarter.</li> <li>• 18 in the fourth quarter.</li> </ul>	The number of deaths in each quarter for which a case record review or an investigation was carried out was: <ul style="list-style-type: none"> <li>• 382 in the first quarter.</li> <li>• 331 in the second quarter.</li> <li>• 432 in the third quarter.</li> <li>• 467 in the fourth quarter.</li> </ul>

The Medical Examiner (ME) services and Mortality review processes across both Kettering General Hospital and Northampton General Hospital provide assurance of patient safety and quality of care. The North Northants (KGH) and West Northants (NGH) ME services are considered independent to the housing Trust and cover both acute and community deaths as of 9 September 2024. The ME service review all deaths, so therefore 100% of deaths receive a case record review at UHN.

At KGH, “investigations” are defined as the total number of completed Structured Judgement Reviews (SJR).

At NGH, “investigations” are defined as the total number of completed Structured Judgement Reviews (SJR) or an equivalent recognised format of mortality case-note review, e.g. Perinatal Mortality Review Tool (PMRT) investigations, plus completed Patient Safety investigations (PSII, AAR or MDT clinical investigations) which bypassed the SJR referral pathway. Cases with identified concerns of significant patient harm are often referred direct into the Patient Safety Incident Review (PSIRF) pathway.

Period	Number of case record reviews		Number of investigations		More likely than not to have been due to problems in the care	
	KGH	NGH	KGH	NGH	KGH	NGH
Quarter 1 2024/25	311	382	11	80	0	0
Quarter 2 2024/25	306	331	16	76	1	1
Quarter 3 2024/25	378	432	21	64	0	0
Quarter 4 2024/25	352	467	18	41	0	0
<b>Total</b>	<b>1,347</b>	<b>1,612</b>	<b>66</b>	<b>261</b>	<b>1</b>	<b>1</b>

At KGH, “deaths more likely than not due to a problem in care” are determined following an independent MDT panel meeting following the Medical Examiner scrutiny and full Structured Judgement Review. The MDT panel discuss the case in depth with experts from the relevant specialties and then score avoidability individually to come to a consensus decision. All avoidable deaths are then shared with the UHN Incident Review Group (IRG) for further discussion / assurance.

At NGH, “deaths more likely than not due to a problem in care” are determined by the number of Patient Safety Incident Investigations (PSII), graded fatal harm, which upon completion have been agreed at UHN Mortality Review Group to have met these criteria. In any given year, NGH usually has between 0 and 4 total deaths more likely than not due to a problem in care.



KGH	NGH
<p>One representing 0.07% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.</p> <p>In relation to each quarter, this consisted of:</p> <ul style="list-style-type: none"> <li>• zero representing 0% for the first quarter.</li> <li>• one representing 0.3% for the second quarter.</li> <li>• zero representing 0% for the third quarter.</li> <li>• zero representing 0% for the fourth quarter.</li> </ul> <p>These numbers have been estimated using the Medical Examiner, Structured Judgement and independent MDT panel review approach (as detailed above).</p>	<p>One death, representing 0.06% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.</p> <p>In relation to each quarter, this consisted of:</p> <ul style="list-style-type: none"> <li>• zero representing 0% for the first quarter.</li> <li>• one representing 0.3% for the second quarter.</li> <li>• zero representing 0% for the third quarter.</li> <li>• zero representing 0% for the fourth quarter.</li> </ul> <p>These numbers have been estimated using the Medical Examiner and Structured Judgement Review (SJR) mortality processes, and, when concerns with care are raised, the Patient Safety Incident Response Framework (PSIRF).</p>

KGH	NGH
<p>Zero case record reviews and zero investigations completed after 1 April 2024 which related to deaths which took place before the start of the reporting period.</p> <p>Zero representing 0% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient.</p> <p>This number has been estimated using the Medical Examiner, Structured Judgement and independent MDT panel review approach (as detailed above).</p> <p>Zero representing 0% of the patient deaths during 2023/24 are judged to be more likely than not to have been due to problems in the care provided to the patient.</p>	<p>Zero case record reviews and 80 investigations completed after 1 May 2024 which related to deaths which took place before the start of the reporting period.</p> <p>One representing 0.06% of the patient deaths during the previous reporting period (2023-2024), are judged to be more likely than not to have been due to problems in the care provided to the patient.</p> <p>This number has been estimated using the Medical Examiner and Structured Judgement Review (SJR) mortality processes, and, when concerns with care are raised, the Patient Safety Incident Response Framework (PSIRF).</p>

UHN Learning From Deaths

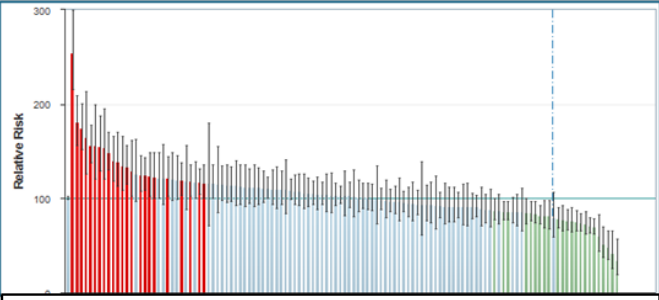
In 2024-25 KGH and NGH combined to form UHN. In October 2024, the team commenced monthly UHN Learning From Deaths Group (LFDG) meetings (sub-board committee) and devised a new UHN Mortality Dashboard. UHN LFDG Terms of Reference were agreed in October 2024. This group acts as the central group, chaired by the Deputy Medical Director and Associate Medical Director, to advise and provide assurance to the Patient Safety Committee (PSC). As of June 2025, UHN LFDG will be required to provide formal upward reporting reports monthly for further assurance at PSC.

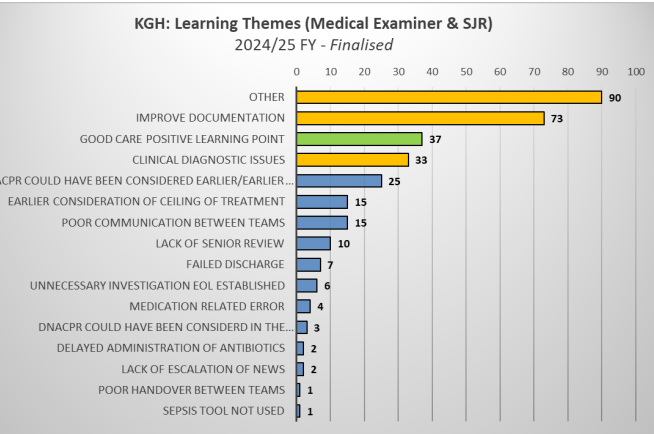
Collaborative working

Mortality works in close conjunction with the Patient Safety team, Legal Services, Bereavement, Medical Examiner, countywide LeDeR team, Clinical Audit & Effectiveness & Compliance & Assurance teams and UHN Quality Improvement team. There is regular mortality representation at the following UHN meetings: Mortality Review Group (MRG), Deteriorating Patient Operating Group (DPOG), Clinical Audit & Effectiveness Group (CAEG), UHN Incident Review Group (IRG) and Steering the Quality Improvement agenda across UHN. Mortality also forms part of the countywide panel of the LeDeR steering group, chaired by the ICB.

Future Plans

In 2024/25, the team started building the mortality module (MaMR) on the clinical audit database (AMaT). This module will allow us to further align our mortality processes, reporting and sharing of learning. We aim for the module to “go live” in 2025-26.

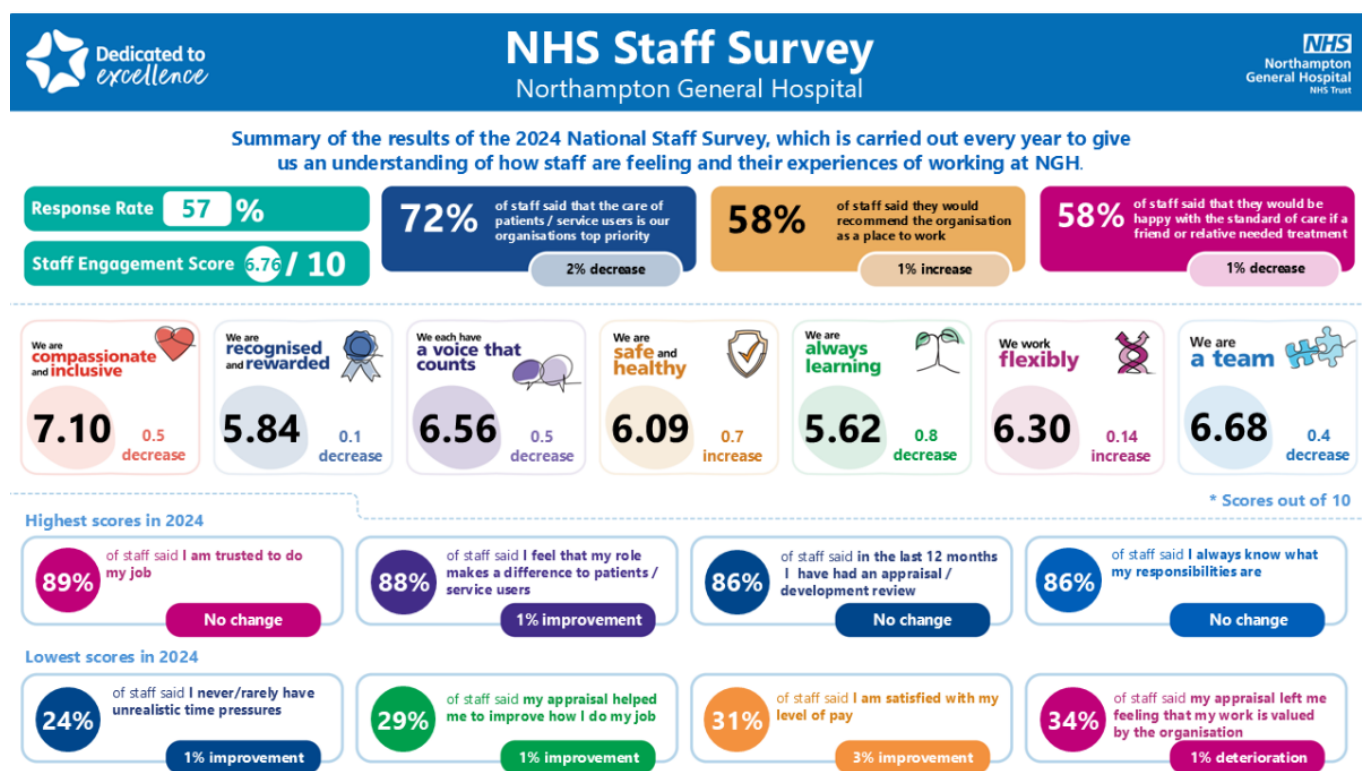
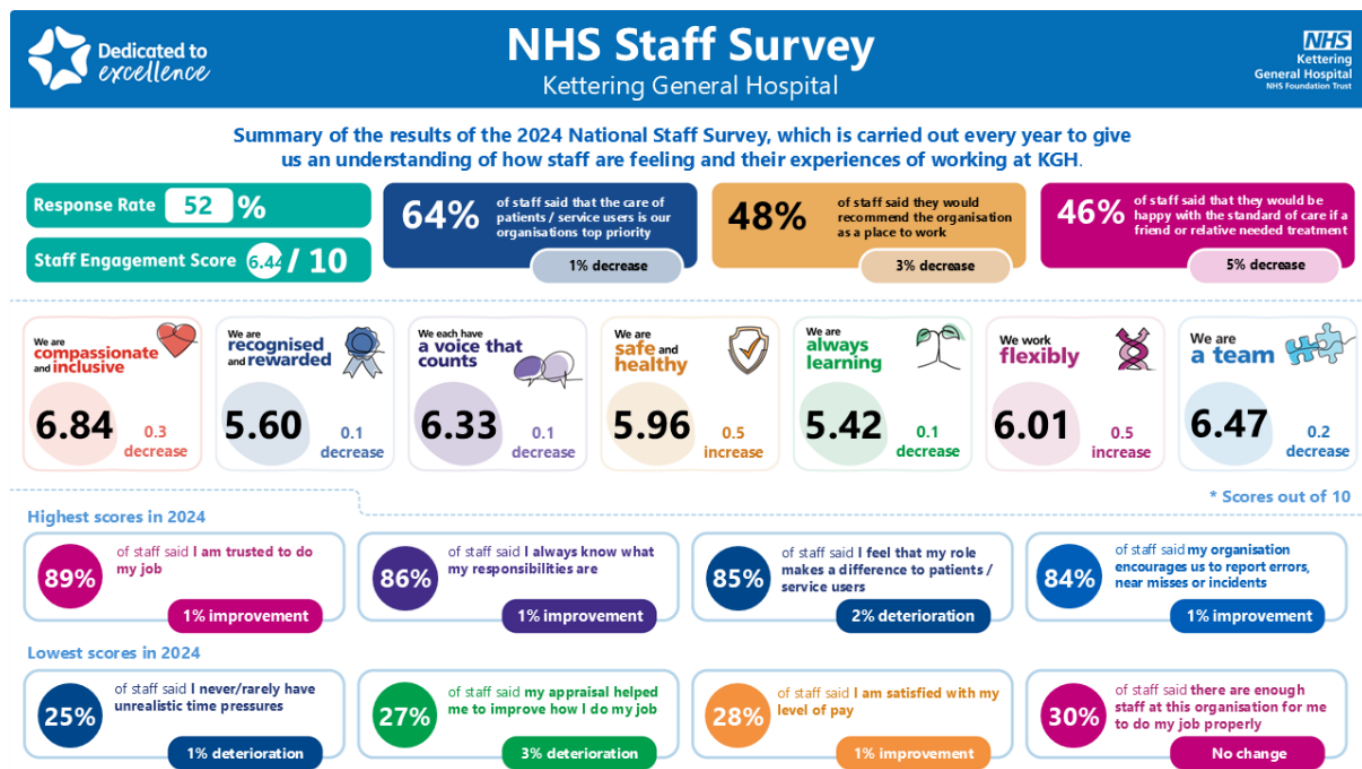
KGH	NGH
<div><p><b>Learning from Deaths</b></p><ul style="list-style-type: none"><li>1,347 deaths occurred during 2024/25 compared to 1,396 deaths during 2023/24.</li><li>97% of RIPs throughout 2024/25 had Care graded as ‘Excellent’ to ‘Adequate’.</li><li>66 SJRs referred for 2024/25 FY.</li><li>10 cases referred to panel discussion in total, with nine graded as avoidability score of 6-4.</li></ul></div> <div><p>Anonymised Septicaemia Dr Foster – KGH (dotted)</p></div>	<div><p><b>Learning from Deaths</b></p><p>The annual thematic review of learning from SJRs for 2023/24 cases was completed in Q2 2024/25 and shared across NGH. This comprised both an overall summary and a detailed divisional sub-analysis. The annual review of learning from SJRs for 2024/25 cases will be completed in 2025/26.</p><p><b>Key Highlights – all NGH cases</b></p><ul style="list-style-type: none"><li>Total 368 mortality cases (Investigations, SJRs &amp; M&amp;M reviews) analysed.</li><li>Total 1,294 learning points, analysed by category &amp; sub-category.</li></ul><p><b>Comparison with previous annual thematic reviews:</b></p><ul style="list-style-type: none"><li>Investigations &amp; Treatment themes remain a significant area for improvement, featuring prominently in both 2022/23 &amp; 2023/24.</li></ul></div>

KGH	NGH																																										
<div>Dr Foster Overview</div> <div><ul style="list-style-type: none"><li>Septicaemia Dr Foster Alert (outlined in previously published KGH dashboards) has continued to drop below national average is now in bottom quartile nationally (previously in the upper quartile during 2022 / 2023). KGH’s current position is indicated in the graph below via the dotted line (names excluded due to confidentiality). The continued support of the KGH sepsis team alongside the UHN Clinical Coding team as well as the now well-established monthly Sepsis Focus Group has contributed significantly to this improved vs national.</li><li>Significant improvement across HSMR, SMR and SHMI figures when compared to 2023/24 where metrics were fluctuating between ‘as expected’ and ‘higher than expected’. A continued downward trend was noted during 2024/25 and now a stabilised position with HSMR and SMR both ‘below expected’ and SHMI comfortably within confidence intervals and ‘as expected’.</li></ul></div> <div><div>KGH: Learning Themes (Medical Examiner &amp; SJR) 2024/25 FY - Finalised</div><div><table><thead><tr><th>Learning Theme</th><th>Percentage</th></tr></thead><tbody><tr><td>OTHER</td><td>90</td></tr><tr><td>IMPROVE DOCUMENTATION</td><td>73</td></tr><tr><td>GOOD CARE POSITIVE LEARNING POINT</td><td>37</td></tr><tr><td>CLINICAL DIAGNOSTIC ISSUES</td><td>33</td></tr><tr><td>CPR COULD HAVE BEEN CONSIDERED EARLIER/EARLIER...</td><td>25</td></tr><tr><td>EARLIER CONSIDERATION OF CEILING OF TREATMENT</td><td>15</td></tr><tr><td>POOR COMMUNICATION BETWEEN TEAMS</td><td>15</td></tr><tr><td>LACK OF SENIOR REVIEW</td><td>10</td></tr><tr><td>FAILED DISCHARGE</td><td>7</td></tr><tr><td>UNNECESSARY INVESTIGATION EOL ESTABLISHED</td><td>6</td></tr><tr><td>MEDICATION RELATED ERROR</td><td>4</td></tr><tr><td>DNACPR COULD HAVE BEEN CONSIDERED IN THE...</td><td>3</td></tr><tr><td>DELAYED ADMINISTRATION OF ANTIBIOTICS</td><td>2</td></tr><tr><td>LACK OF ESCALATION OF NEWS</td><td>2</td></tr><tr><td>POOR HANDOVER BETWEEN TEAMS</td><td>1</td></tr><tr><td>SEPSIS TOOL NOT USED</td><td>1</td></tr></tbody></table></div><div><ul style="list-style-type: none"><li>Top 5 themes for 2024/25 include: Other, Improve Documentation, Positive Learning points and Clinical Diagnostic Issues across both Medical Examiner and Structured Judgement Reviews.</li><li>Divisional learning is included as an Appendix within the monthly and quarterly UHN Mortality Dashboards, identifying learning points by Division. A sample of</li></ul></div></div>	Learning Theme	Percentage	OTHER	90	IMPROVE DOCUMENTATION	73	GOOD CARE POSITIVE LEARNING POINT	37	CLINICAL DIAGNOSTIC ISSUES	33	CPR COULD HAVE BEEN CONSIDERED EARLIER/EARLIER...	25	EARLIER CONSIDERATION OF CEILING OF TREATMENT	15	POOR COMMUNICATION BETWEEN TEAMS	15	LACK OF SENIOR REVIEW	10	FAILED DISCHARGE	7	UNNECESSARY INVESTIGATION EOL ESTABLISHED	6	MEDICATION RELATED ERROR	4	DNACPR COULD HAVE BEEN CONSIDERED IN THE...	3	DELAYED ADMINISTRATION OF ANTIBIOTICS	2	LACK OF ESCALATION OF NEWS	2	POOR HANDOVER BETWEEN TEAMS	1	SEPSIS TOOL NOT USED	1	<div><ul style="list-style-type: none"><li>Documentation themes are occurring more prominently in 2023-24.</li><li>End of Life Care themes occurred less prominently in 2023/24, except within Vulnerable Adults, where they remain a prominent theme.</li></ul></div> <div>Thematic learning – summary</div> <div>Excellent &amp; positive learning points – 25% of all M&amp;M feedback</div> <div>Top overall Improvement Categories</div> <div>(categories with &gt; 10% share of total learning points)</div> <div><ul style="list-style-type: none"><li>Investigations &amp; Treatment (11.6%)</li><li>Assessment &amp; Initial Management (11.3%)</li><li>Documentation (11.1%)</li><li>Deteriorating Patient &amp; Resuscitation (10.6%)</li></ul></div> <div>Top Improvement Points</div> <div>(occurred in &gt;10% of total cases)</div> <div><ul style="list-style-type: none"><li>Delay in investigations or reviewing results leading to diagnostic delay (10.6% of all cases) – top learning point for both 2022/23 &amp; 2023/24.</li><li>Delay in acting on results or appropriately following a guideline or pathway (10.3% of all cases)</li></ul></div> <div>Summary of Actions &amp; Impact of Mortality:</div> <div>Mortality workstreams 2024-25</div> <table><tr><th>Area targeted by review</th><th>Data source</th><th>Work stream/s</th><th>Example of actions taken or proposed</th></tr><tr><td>Mortality workstream Palliative Care</td><td>National Audit of End-of-Life Care (NACEL)  NCEPOD End of Life Study</td><td>Learning from Deaths Group in conjunction with palliative care team</td><td>times a year to Learning from Deaths Group. 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KGH	NGH			
<p>positive learning points are also included, both from specialties and relatives (via Medical Examiner office).</p> <ul style="list-style-type: none"> <li>All learning points are also shared in the monthly divisional Governance reports as of 1 April 2025.</li> <li>Mortality and Morbidity (M&amp;M) leads also receive a monthly export of all patients scrutinised by the North Northants ME service to support with monthly M&amp;M meetings. This generates useful starting discussion points following an independent review with feedback shared to and from specialty teams and the ME service.</li> </ul> <p><b>Governance, Monitoring, Escalation</b></p> <ul style="list-style-type: none"> <li>UHN Mortality Surveillance Group has been initiated weekly and includes teams across KGH and NGH from Mortality, Patient Safety, Legal Services and Bereavement. This includes an overview of incoming Medical Examiner referrals, Datix incidents requiring further investigations and upcoming / pending inquests. This triangulation of information and expertise and facilitated a number of cases expedited through the weekly Exec-led Incident Reporting Group (IRG) for inclusion within PSIRF.</li> <li>Cases of note – either those following panel/MDT discussion post-SJR review OR cases of note identified within MSG can be highlighted to Patient Safety Lessons Learnt Forum (PSLLF).</li> <li>PSLLF discusses cases quarterly, by theme and presented by the Specialty involved in the case(s). These invites are shared Trustwide and gain a wide attendance from Nursing, Medical and Non-Clinical staff across KGH.</li> </ul>	Maternity	MNSI & PMRT review process Incident Review Group	Led by Learning from Deaths Group in conjunction with maternity team	Reports quarterly to Learning from Deaths Group for quality assurance
	Respiratory COPD & LRTI Trust-wide mortality review 20	Telstra Health UK National Audit, NCEPOD BTS & NICE Guidance	Led by Learning from Deaths Group in conjunction with respiratory, clinical coding & clinical audit teams	Trust-wide mortality review completed, presented to UHN Clinical Audit & Effectiveness Group Apr-25 and scheduled to present at UHN LFDG in May-25. Respiratory improvement plan ongoing.
	Septicaemia Trust-wide mortality review 21	Telstra Health UK Recurring local audits which report monthly to Deteriorating Patient Operating Group (DPOG)	Led by Learning from Deaths Group in conjunction with sepsis nurses and, clinical coding teams	Trust-wide mortality review in progress and due to be presented to UHN LFDG & UHN DPOG in Q1 2025-26.

# Staff Survey

The National Staff Survey results for 2024 were published in March 2024 and UHN had over half of the teams taking part - 6,100 people in total. UHN will continue to focus on our values and on developing a compassionate and inclusive culture, to ensure our values are evident in every aspect of life at UHN - from recruitment and training to line management and leadership, to how we speak to one another.





UHN, in response to the survey, will focus on improving people's behaviours, increasing psychological and physical safety and supporting staff with their health and wellbeing.

## **Duty of Candour**

CQC Regulation 20 was drafted in direct response to recommendation 181 of the Francis Inquiry report into Mid-Staffordshire NHS Foundation Trust 1, which recommended that a statutory duty of candour be introduced for health and care providers.

To meet the requirements of Regulation 20, the Trust must:

- Tell the relevant person, in person, as soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred and provide support to them in relation to the incident, including when giving the notification.
- Provide an account of the incident which, to the best of our knowledge, is true of all the facts we know about the incident as at the date of the notification.
- Advise the relevant person what further enquiries the provider believes are appropriate.
- Offer an apology.
- Follow up the apology by giving the same information in writing and providing an update on the enquiries.
- Keep a written record of all communication with the relevant person.

A new Duty of Candour leaflet has been drafted for staff to give to patients and their families and the new UHN Policy will include the requirement to use Duty of Candour stickers which act as a crib sheet to ensure staff correctly convey the appropriate information to any patients harmed during an incident.

Patients and/or their relevant person(s) are encouraged to participate in any review that the Trust's Incident Review Group (IRG) deems require a systems-based incident response, as per the current Patient Safety Incident Response Framework (PSIRF). The patient/relevant person(s) are also offered the opportunity to meet with members of the incident response team to discuss and question the reviews findings.

## **Management of Complaints**

University Hospitals of Northamptonshire (UHN) are committed to listening and responding to patients and encouraging a culture that seeks and uses people's experiences to improve our services. We recognise the need for a clear and accessible process for patients, their families, and carers to provide feedback about their experiences. Compliments, comments, complaints and concerns from patients, carers and the public are encouraged and welcomed. Should patients, their relatives, carers or friends be dissatisfied with the care provided by UHN they have a right to be heard and for their concerns to be dealt with promptly, efficiently, and courteously. Under no circumstances should patients, their relatives or carers be treated adversely because of making a complaint.

When someone expresses dissatisfaction with the services provided by UHN, with a request that the issue(s) are investigated, all such matters will be handled either formally through the UHN Complaints Teams, or through local resolution with the support of our Patient Advice and

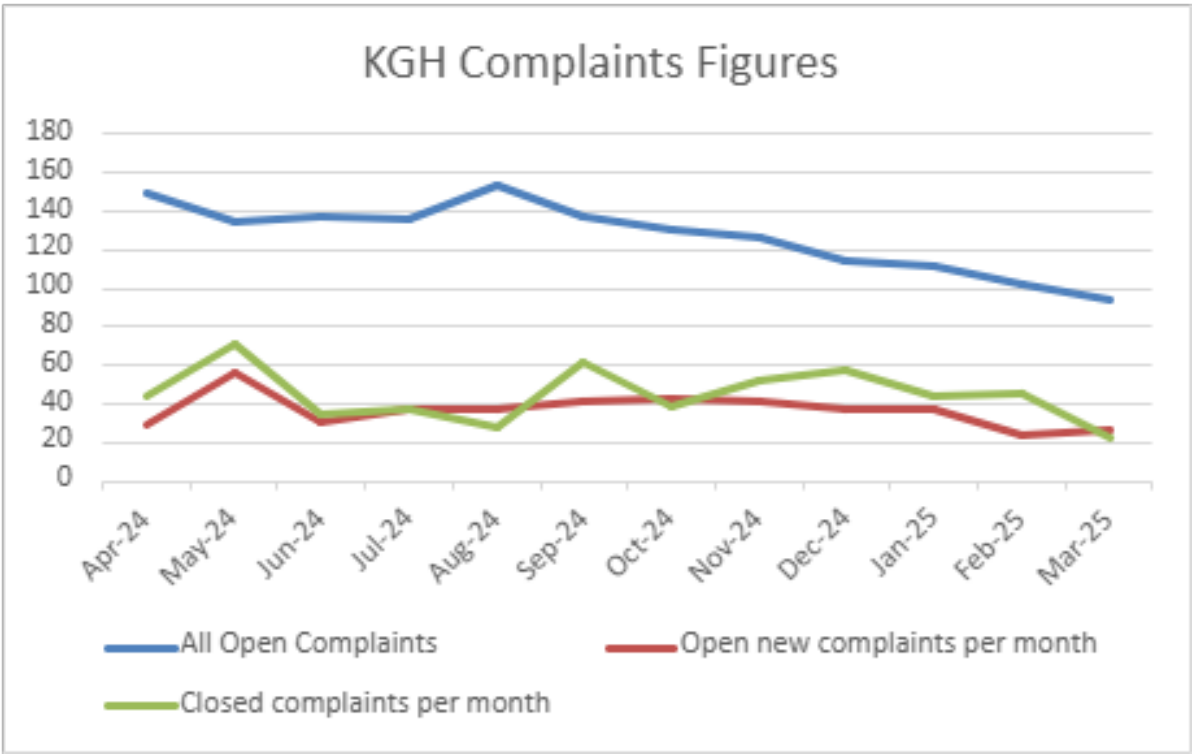
Liaison Service (PALS). We ensure that our teams know and comply with all relevant legislation, make information available in a format that people understand, make sure everyone knows when a complaint is a serious incident, legal issue or safeguarding and what action must be taken. All team members are strongly committed to duty of candour and there is a culture of being open and honest should something go wrong and that we listen and learn from complaints to improve services.

The information detailed below provides a summary of complaints received and investigated through UHN, at both Northampton General Hospital NHS Trust and Kettering General Hospital NHS Foundation Trust.

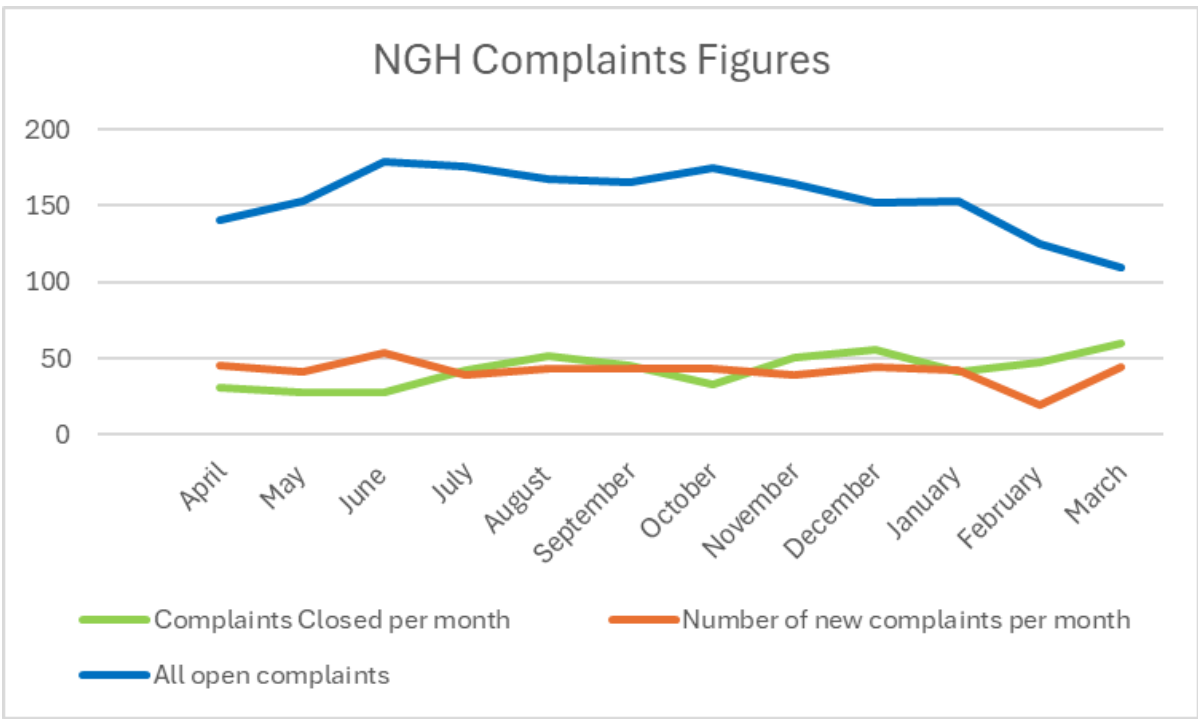
	NGH	KGH
Total no of complaints for the year <b>2024/2025</b>	506	450
(Versus 2023/2024)	(533)	(577)
Percentage change from 2023/2024 to 2024/2025	<6 %	<12.1%
Total % of complaints responded to within 60 days	12%	57%
Total number of complaints responded to 61 days and above	444	158
Average response rate over the 12-month period	13%	74%
Complaints that were still open at the time that the information was prepared (April 2025)	143	93
Total patient contacts/episodes*	957,069	537,575
Percentage of complaints versus number of patient contacts/episodes	0.05%	0.08%

Number of complaints

KGH

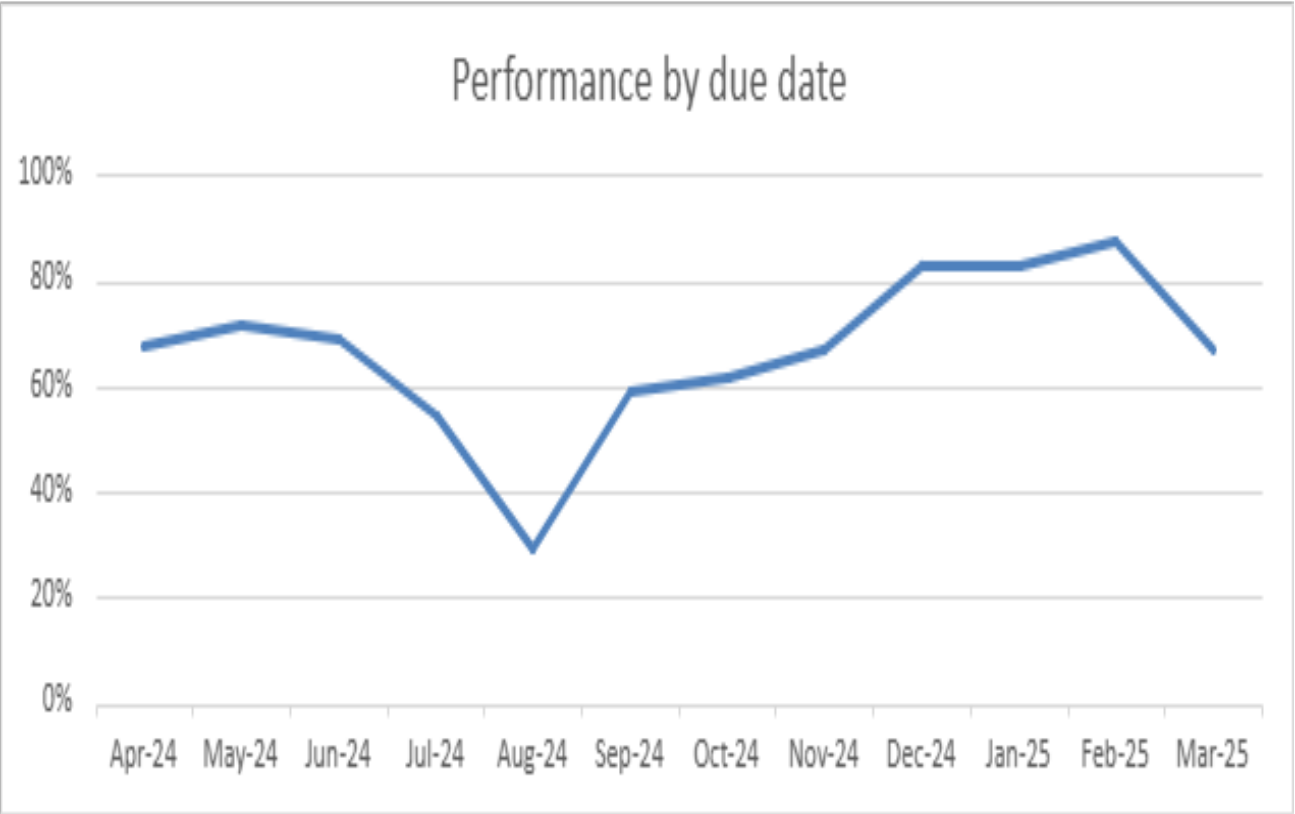


NGH

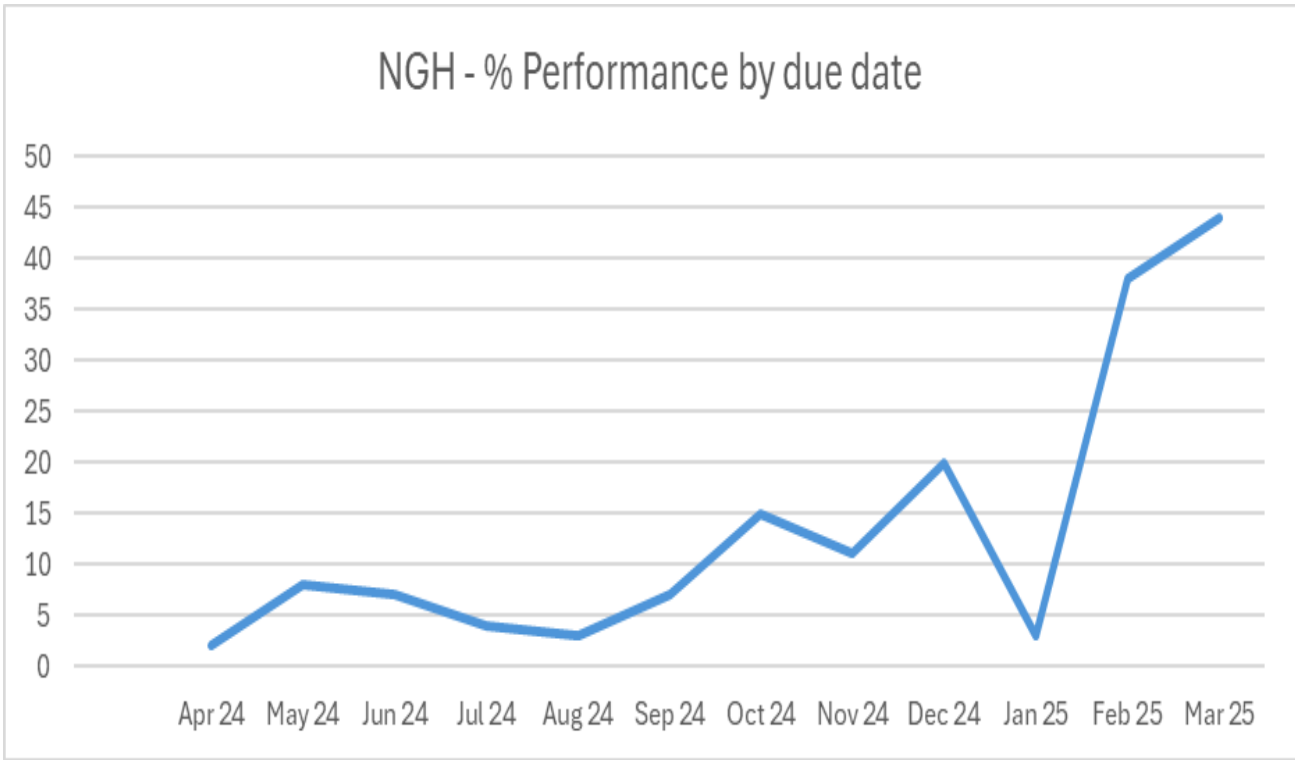


Response rate

KGH

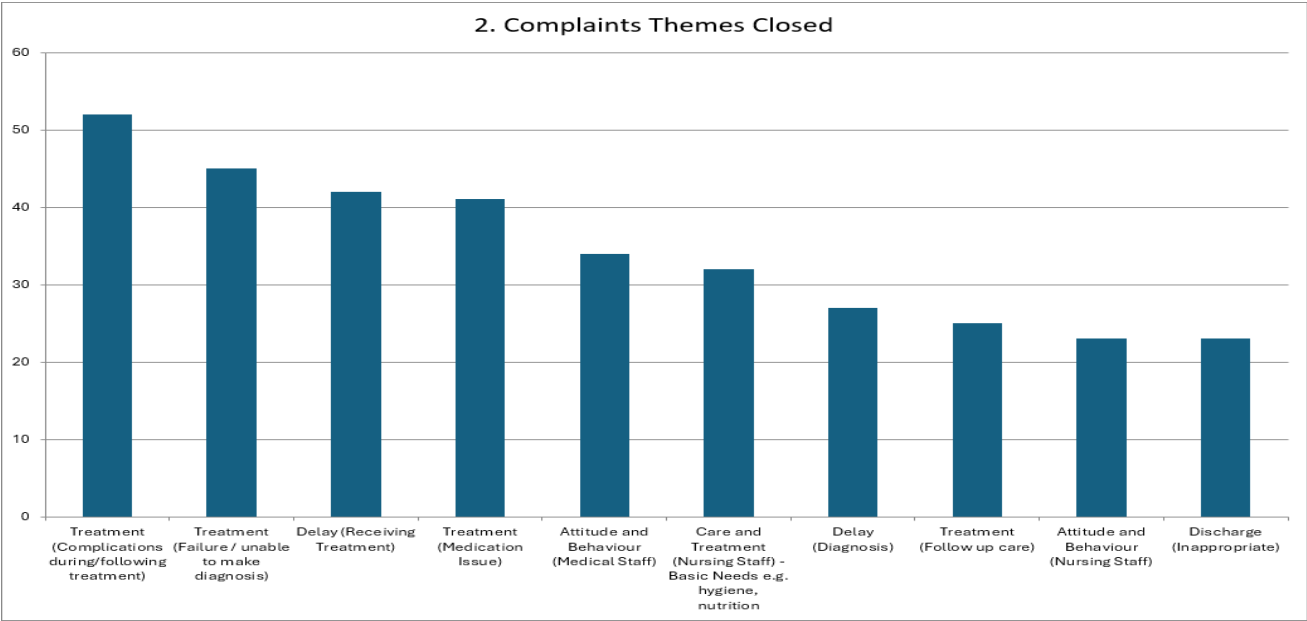


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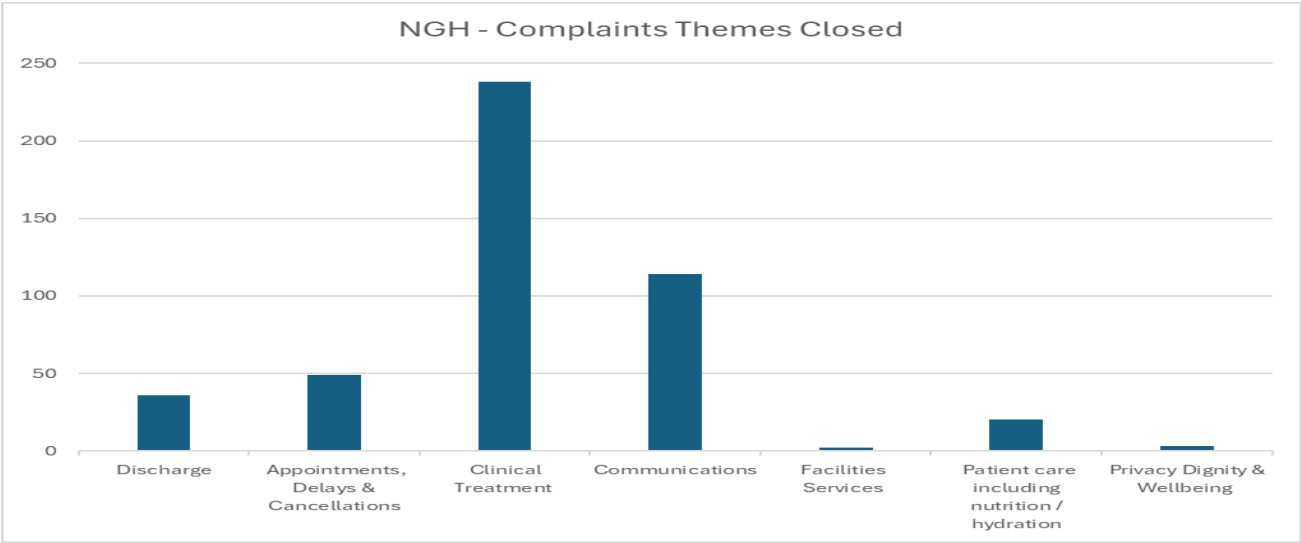


# Themes

KGH



NGH





## What we achieved in 2024/25 to improve complaints management:

Subject:	Commentary:
Joint working	<p>The complaints teams within UHN have been working closely to streamline their internal processes. This includes:</p> <ul style="list-style-type: none"> <li>• Shared templates</li> <li>• Joint reporting</li> <li>• Use of Datix</li> </ul>
Reporting / Committees	<p>Complaints information is discussed / presented through the following committees:</p> <ul style="list-style-type: none"> <li>• UHN Nurse Midwifery &amp; Allied Health Professional</li> <li>• UHN Clinical Quality &amp; Safety Committee</li> <li>• UHN Patient Carer Experience &amp; Engagement Committee</li> </ul>
Digital Letters Process	<p>The Complaints teams across UHN have implemented a fully digitalised solution for letters of response which require Executive review and sign off. There has since been a significant improvement within the final sign off process.</p>
Learning from Complaints	<p>At both NGH and KGH Datix is used to capture all learning from complaints. This information is then shared with the divisional teams for chasing updates on actions, process to continue to overcome any actions overdue (older than 3 months).</p> <p>A learning report has been created which is currently under review which will provide a UHN overview of the learning moving forwards.</p>
Datix	<p>A number of improvements have been made to the Datix system in place at NGH to ensure that it fully meets the needs of the service.</p> <p>At KGH Datix works well, but team continually work with Datix colleagues to improve dashboard to aid streamlining of complaints module.</p>

# Statements of Assurance for Selected Core Indicators

Information to the data for the indicators below, based on recommendations by the National Quality Board, have been sourced from data made available by NHS Digital.

Domain 1 – Preventing people from dying prematurely.

Domain 2 – Enhancing quality of life for people with long term conditions.

Summary Hospital-Level Mortality Indicator (SHMI) – (value and banding of the SHMI)

Period	KGH Value	KGH Banding	NGH Value	NGH Banding	National Average	National High	National Low
Oct 23 – Sep 24	100	2	94	2	100	131	70
Oct 22 – Sep 23	107	2	86	2	100	120	72
Oct 21 – Sep 22	108	2	90	2	100	123	64
Oct 20 – Sep 21	110	2	93	2	100	119	71
Oct 19 – Sep 20	100	2	101	2	100	117	68
Oct 18 – Sep 19	108	2	97	2	100	118	69
Oct 17 – Sep 18	108	2	104	2	100	127	69
Oct 16 – Sep 17	109	2	97	2	100	125	73
Oct 15 – Sep 16	105	2	95	2	100	116	69
Oct 14 – Sep 15	105	2	102	2	100	117	65
Oct 13 – Sep 14	98	2	98	2	100	119	59

\*SHMI banding:

- SHMI Banding = 1 indicates that the trust's mortality rate is 'higher than expected'
- SHMI Banding = 2 indicates that the trust's mortality rate is 'as expected'
- SHMI Banding = 3 indicates that the trust's mortality rate is 'lower than expected'

Both KGH and NGH have 'as expected' SHMI for the period October 2023 to September 2024 as demonstrated in the table above. The Trusts has taken the following actions to improve this rate and quality of its services; regularly analysing mortality data and undertaking regular morbidity and mortality meetings to share learning across UHN.

**Palliative Care Coding** – (percentage of patient deaths with palliative care coded at either diagnosis or specialty level)

Period	KGH	NGH	National Average	National High	National Low
Oct 23 – Sep 24	50.0%	54.0%	44.5%	67.0%	17.0%
Oct 22 – Sep 23	44.0%	54.0%	42.0%	66.0%	15.0%
Oct 21 – Sep 22	49.0%	53.0%	40.0%	65.0%	12.0%
Oct 20 – Sep 21	47.0%	42.0%	39.4%	63.0%	12.0%
Oct 19 – Sep 20	43.0%	40.0%	36.5%	60.0%	8.0%
Oct 18 – Sep 19	32.0%	41.0%	36.0%	59.0%	12.0%
Oct 17 – Sep 18	27.1%	40.8%	31.1%	64.0%	10.7%
Oct 16 – Sep 17	30.1%	41.1%	31.6%	59.8%	11.5%
Oct 15 – Sep 16	21.5%	36.6%	29.7%	56.3%	0.4%
Oct 14 – Sep 15	26.8%	25.9%	26.6%	53.5%	0.2%
Oct 13 – Sep 14	24.9%	24.9%	25.32	49.4%	0.0%

UHN has taken the following action to improve the rates, and the quality of its services by further developing the work undertaken in theatres.

**Emergency re-admissions to hospital within 30 days of discharge** - percentage of patients readmitted to hospital which forms part of the trust within 30 days of being discharged from a hospital which forms part of the trust)

The indicators have been updated with no change to the existing methodology and published in February 2021.

Period	KGH Indicator Value	NGH Indicator Value	Indicator Value National Average (all providers)	Indicator Value National High (all providers)	Indicator Value National Low (all providers)
Patients aged <16					
2023/24	8.7	12.7	12.8	69.1	1.6
2022/23	10.3	12.9	12.8	37.7	3.7
2021/22	9.9	13.4	12.5	46.9	3.3
2020/21	9.3	12.1	12.4	64.4	2.8
2019/20	10.7	13.7	12.5	56.7	2.2
2018/19	11.9	14.9	12.5	69.2	1.8
2017/18	11.4	13.6	11.9	32.9	1.3
2016/17	11.9	14.7	11.6	68.4	2.7
2015/16	10.7	13.6	11.5	80.5	2.6
2014/15	11.0	14.8	11.4	52.7	1.2
2013/14	11.2	14.8	11.3	136.8	4.2

Period	KGH Indicator Value	NGH Indicator Value	Indicator Value National Average (all providers)	Indicator Value National High (all providers)	Indicator Value National Low (all providers)
Patients aged 16+					
2023/24	11.9	15.1	11.8	99.6	1.7
2022/23	12.1	14.9	11.7	46.8	2.5
2021/22	12.1	15.6	12.0	110.1	1.5
2020/21	12.9	16.3	13.0	112.0	1.0
2019/20	12.5	15.6	11.9	34.0	1.9
2018/19	13.0	15.4	12.1	57.2	2.1
2017/18	13.1	14.6	12.8	488.8	2.2
2016/17	13.6	14.6	12.5	178.5	0.8
2015/16	12.5	13.8	11.2	109.5	1.9
2014/15	13.2	13.4	11.2	170.1	2.4
2013/14	11.8	12.4	10.3	29.1	1.7

## Domain 4 – Ensuring that people have a positive experience of care

### Responsiveness to the personal needs of patients

Following the merger of NHS Digital and NHS England on 1st February 2023 they are reviewing the future presentation of the NHS Outcomes Framework indicators. As part of this review, the annual publication has been delayed.

Period	KGH Indicator Value	NGH Indicator Value	Indicator Value National Average	Indicator Value National High	Indicator Value National Low
2023/24	N/A	N/A	N/A	N/A	N/A
2022/23	N/A	N/A	N/A	N/A	N/A
2021/22	N/A	N/A	N/A	N/A	N/A
2020/21	N/A	N/A	N/A	N/A	N/A
2019/20 (Hospital stay: 01/07/2019 to 31/07/2019; Survey collected 01/08/2020 to 31/01/2020)	63.3%	61.7%	67.1%	84.2%	59.5%
2018/19 (Hospital stay: 01/07/2018 to 31/07/2018; Survey collected 01/08/2018 to 31/01/2019)	65.3%	64.0%	67.2%	85.0%	58.9%
2017/18 (Hospital stay: 01/07/2017 to 31/07/2017; Survey collected 01/08/2017 to 31/01/2018)	66.3%	65.1%	68.6%	85.0%	60.5%

2016/17 (Hospital stay: 01/07/2017 to 31/07/2017; Survey collected 01/08/2017 to 31/01/2018)	64.4%	61.1%	68.1%	85.2%	60.0%
2015/16 (Hospital stay: 01/07/2017 to 31/07/2017; Survey collected 01/08/2017 to 31/01/2018)	64.4%	65.5%	69.6%	86.2%	58.9%
2014/15 (Hospital stay: 01/07/2017 to 31/07/2017; Survey collected 01/08/2017 to 31/01/2018)	64.5%	66.5%	68.9%	86.1%	59.1%
2013/14 (Hospital stay: 01/07/2017 to 31/07/2017; Survey collected 01/08/2017 to 31/01/2018)	66.0%	68.6%	68.7%	84.2%	54.4%

N.B. - Where N/A is stated, this information has not been made available by NHS Digital at the time of publication.

UHN continues to review patient experience and build on the work currently being undertaken across the Trust.

### Staff who would recommend the trust to their family or friend

- 2023 & 2024: percentage of staff selecting Agree or Strongly Agree out of those who answered the question (question 25d) - If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.
- 2021 & 2022: percentage of staff selecting Agree or Strongly Agree for question 23d - If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.
- 2015-2020: percentage of staff employed by, or under contract to, the Trust who would recommend the Trust as a provider of care to their family or friends)

Period	KGH	NGH	National Average	National High	National Low
2024	45.7% (Acute and Acute & Community Trusts)	57.7% (Acute and Acute & Community Trusts)	62.4% (Acute and Acute & Community Trusts)	89.5% (Acute and Acute & Community Trusts)	39.7% (Acute and Acute & Community Trusts)
2023	45.8% (Acute and Acute & Community Trusts)	58.4% (Acute and Acute & Community Trusts)	63.3% (Acute and Acute & Community Trusts)	88.8% (Acute and Acute & Community Trusts)	44.3% (Acute and Acute & Community Trusts)
2022	48.4% (Acute and Acute & Community Trusts)	54.6% (Acute and Acute & Community Trusts)	61.2% (Acute and Acute & Community Trusts)	86.4% (Acute and Acute & Community Trusts)	39.2% (Acute and Acute & Community Trusts)
2021	55.2% (Acute and Acute & Community Trusts)	61.6% (Acute and Acute & Community Trusts)	66.5% (Acute and Acute & Community Trusts)	89.4% (Acute and Acute & Community Trusts)	43.5% (Acute and Acute & Community Trusts)
2020	69.5% (Acute and Acute & Community Trusts)	72.0% (Acute and Acute & Community Trusts)	73.0% (Acute and Acute & Community Trusts)	92.0% (Acute and Acute & Community Trusts)	50.0% (Acute and Acute & Community Trusts)

Data from December 2020 onwards reflects feedback collected during the COVID-19 pandemic, while, also, implementing the new guidance after a long period of suspension of FFT data submission. The number of responses collected is, therefore, likely to have been affected. Some services may have collected fewer FFT responses, or been unable to collect responses at all, because of arrangements in place to care for COVID-19 patients.



UHN are reviewing the scores in order to improve the rates, and so the quality of its services. The data are being fed through divisional structures with the aim to join it with patient experience. The trust aims to increase staff engagement and hope to develop a triangulation between performance, experience and engagement.

#### **Friends and Family Test (FFT) – Patient** - (percentage recommended)

Data submission and publication for the FFT restarted for acute and community providers from December 2020, following the pause during the response to COVID-19.

Data from December 2020 onwards reflects feedback collected during the COVID-19 pandemic, while, also, implementing the new guidance after a prolonged period of suspension of FFT data submission. The number of responses collected is, therefore, likely to have been affected. Some services may have collected fewer FFT responses, or been unable to collect responses at all, because of arrangements in place to care for COVID-19 patients. The data is only published per month and not as a full year equivalent.

## **Domain 5 – Treating and caring for people in a safe environment and protecting them from avoidable harm.**

**Venous Thromboembolism (VTE)** – (percentage of patients who were admitted to hospital and who were risk assessed, for venous thromboembolism)

Period	KGH	NGH	National Average (Acute Trusts)	National High (Acute Trusts)	National Low (Acute Trusts)
Q3 24/25 to Q1 24/25	KGH and NGH have submitted monthly data, however, as data is taken from a sample audit NHS England have not published it				
Q4 23/24 to Q4 19/20	Data collection/publication suspended due to Covid-19				
Q3 19/20	99.14%	95.00%	95.33%	100.0%	71.59%
Q2 19/20	99.07%	95.25%	95.47%	100.0%	71.72%
Q1 19/20	99.00%	95.34%	95.63%	100.0%	69.76%
Q4 18/19	99.59%	95.10%	95.71%	100.0%	74.03%
Q3 18/19	99.63%	95.45%	95.66%	100.0%	54.86%
Q2 18/19	99.49%	94.95%	95.53%	100.0%	68.67%
Q1 18/19	99.25%	90.98%	95.67%	100.0%	75.84%
Q4 17/18	98.24%	96.61%	95.23%	100.0%	67.04%
Q3 17/18	99.03%	95.92%	95.36%	100.0%	76.08%
Q2 17/18	99.09%	94.84%	95.25%	100%	71.88%
Q1 17/18	99.19%	95.56%	95.21%	100%	51.38%
Q4 16/17	99.06%	95.90%	95.50%	100%	63.02%
Q3 16/17	99.07%	95.87%	95.62%	100%	76.48%
Q2 16/17	99.13%	95.25%	95.52%	100%	72.14%
Q1 16/17	99.45%	94.10%	95.74%	100%	80.61%
Q4 15/16	99.30%	95.20%	96.00%	100%	79.23%

**Rate of Clostridium difficile (C.Diff) infection** - (rate per 100,000 bed days of cases of C.Diff infection, reported within the Trust amongst patients aged 2 or over)

Clostridium Difficile allocation criteria in accordance with: Clostridium Difficile infection objectives for NHS organisations in 2020/21, changes to criteria commenced in April 2019 as below.

- HOHA: Hospital onset Healthcare associated: cases that are detected in the hospital three or more days after admission.
- COHA: Community onset Healthcare associated: cases that occur in the community when the patient was most recently discharged from the same reporting trust the previous 28 days.
- COIA: Community onset indeterminate association: cases that occur in the community when the patient has been an inpatient in the trust reporting the case between 29 and 84 days prior to the specimen date (not relevant to NGH)
- COCA: Community onset community associated: cases that occur in the community when the patient has not been an inpatient in the trust reporting the case in the previous 84 days (not relevant to NGH)

HOHA	KGH Indicator Value	NGH Indicator Value	Indicator Value National Average	Indicator Value National High	Indicator Value National Low
2023/24	7.7	28.5	20.9	63.1	0
2022/23	11.1	25.3	20.6	76.6	0
2021/22	15.3	19.8	18.9	59.0	0
2020/21	15.6	14.6	18.5	80.6	0

HOHA	KGH Indicator Value	NGH Indicator Value	Indicator Value National Average	Indicator Value National High	Indicator Value National Low
2023/24	6.8	9.2	7.0	33.4	0
2022/23	5.5	6.5	6.3	33.6	0
2021/22	6.5	3.5	6.7	22.0	0
2020/21	6.3	3.6	7.2	32.8	0

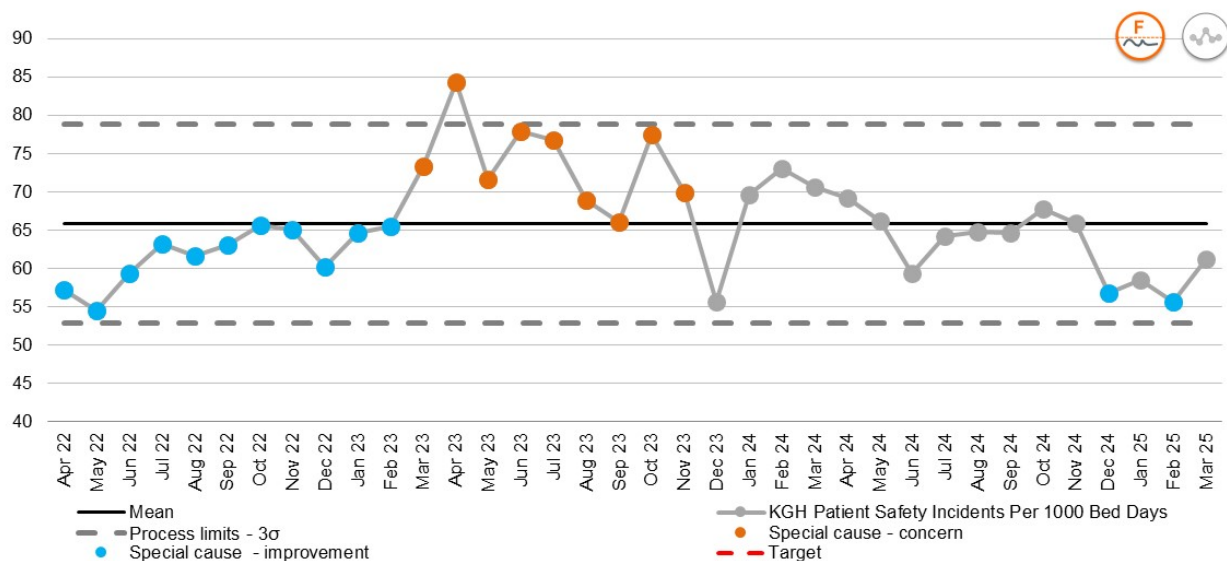
No data has been made available for COIA and COCA.

## Patient Safety

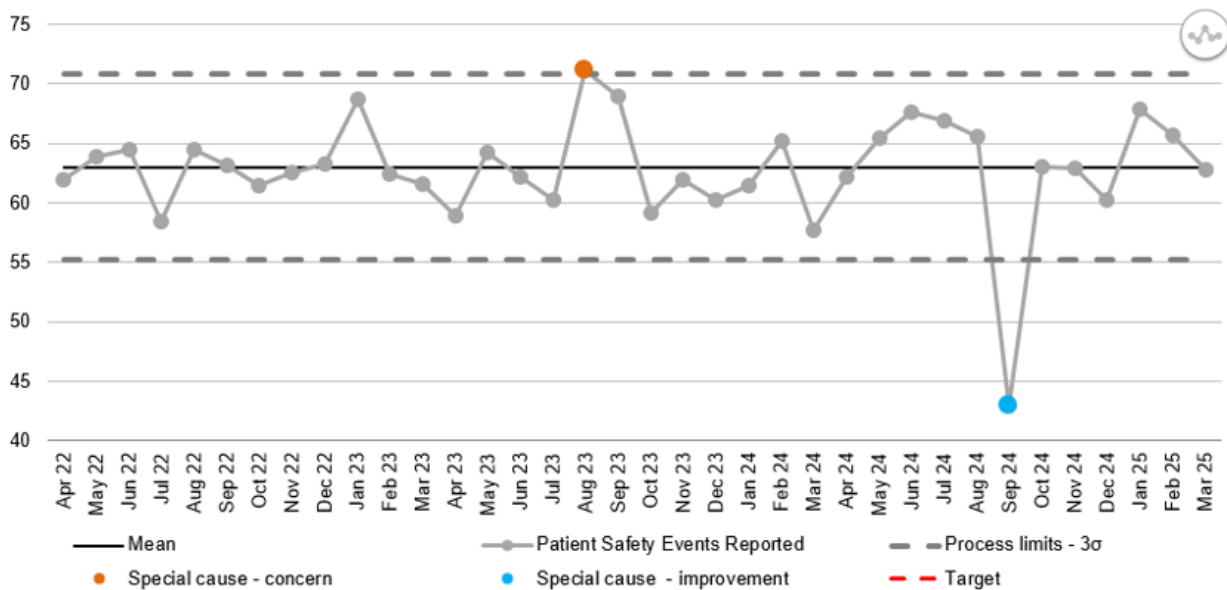
Due to the introduction of PSIRF it is now not possible for like for like comparisons of data especially due to the changing requirements of incident reporting systems and the change in terminology and recording requirements.

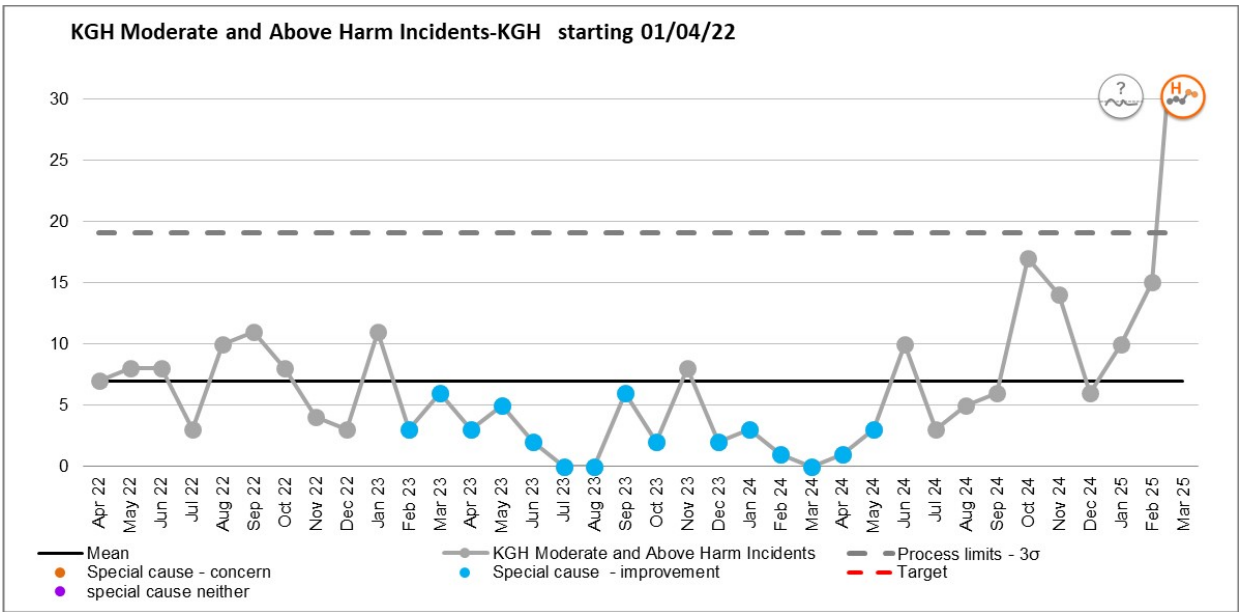
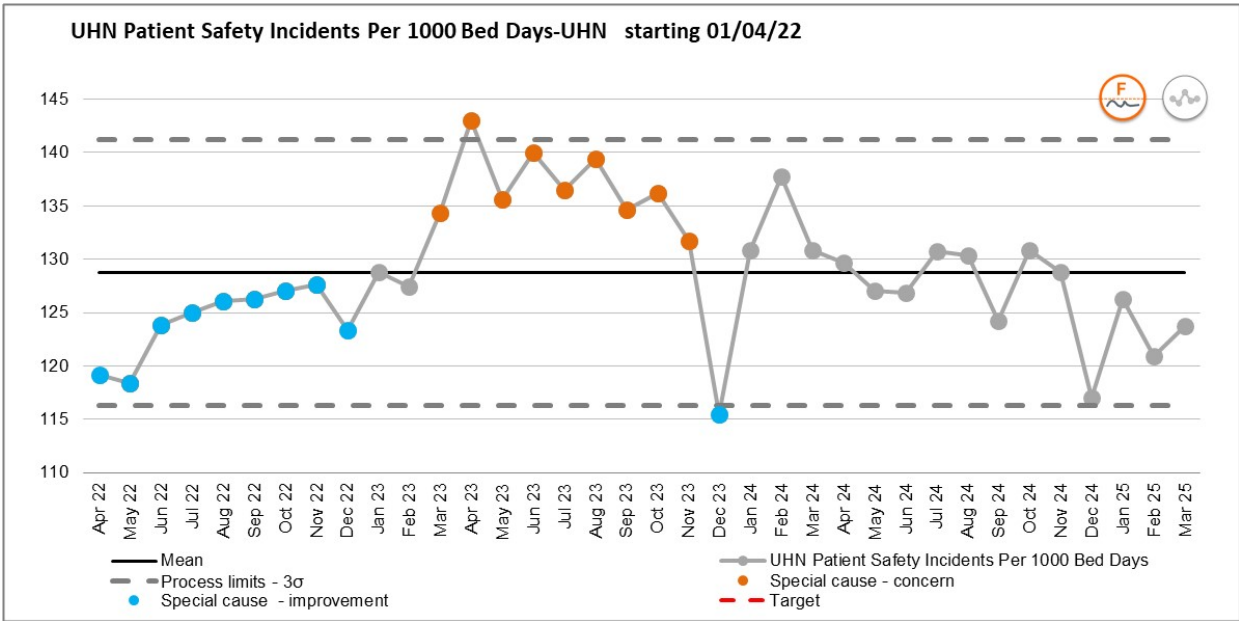
In place of this we have included data and graphs from internal reports.

KGH Patient Safety Incidents Per 1000 Bed Days-KGH starting 01/04/22

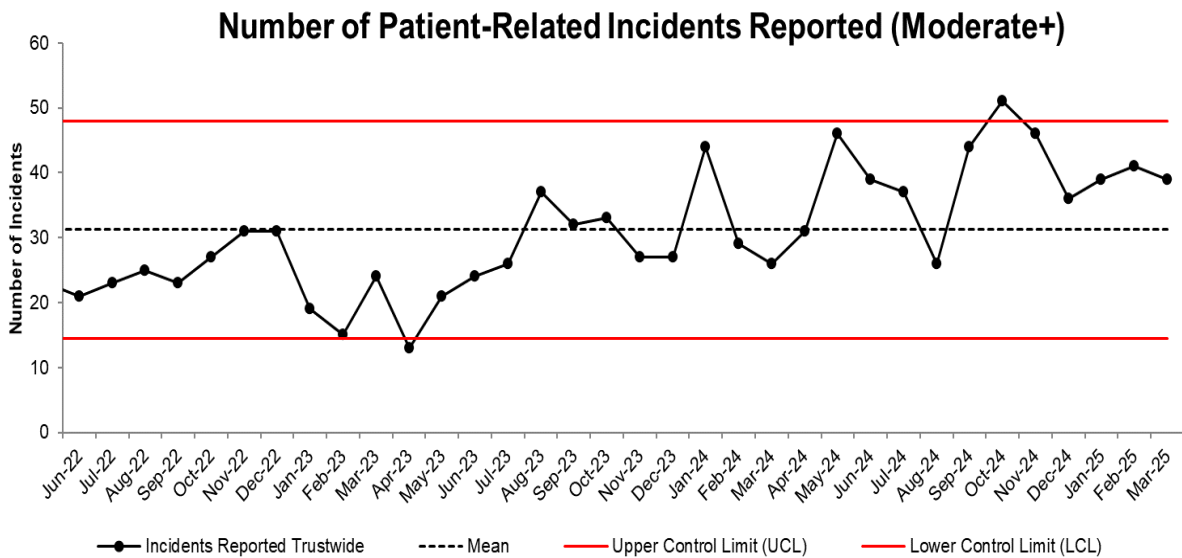


NGH patient safety events reported per 1000 bed days





## NGH





# Part 3

## Review of Quality Performance





## KGH - Previous priorities for improvement and statements on progress

PATIENT SAFETY		
We said we would	Have we achieved this	Achievements and Progress
Embed the National Patient Safety Strategy which will have practical application and lead to tangible improvements in safety culture	In Progress	In the first year of PSIRF implementation, we have made positive progress in embedding the new principles and strengthening patient safety learning; however, we recognise this is a continuing journey, and further work is needed to fully realise the benefits across the organisation.
Demonstrate and improvement in the early recognition and management of Sepsis	Yes	<p>After robust testing of the electronic system and discussion with other trusts using it, the decision was made not take forward due to safety concerns. Training programmes are now in place with CYP areas on average above trust target of 85%. Electronic system will be revisited when updates have been made by the supplier.</p> <p>Since March 2024 PED have been above the KPI of 90% for screening children on admission to the department, averaging 98%.</p> <p>Since March 2024 PED have averaged 77% for screening children with a new deterioration, an improvement of 59%</p>
Hear the voice of the patient, carer and staff in safety concerns	In Progress	<p>Martha's Rule launched. Call for Concern (UHN equivalent).</p> <p>Implemented an engagement programme with Healthwatch.</p> <p>A number of improvements are in progress across maternity following service user feedback. Recent work with the motherhood group has been positively received and several recommendations received for continuous improvement for Global Majority women accessing maternity services at KGH. Following a soft launch of the Listen to Me Campaign we have seen a reduction in the number of women reported they were not listened to and as a result has become positive feedback. An improvement has also been noted on care overnight which has been a complaint theme in previous months.</p>

PATIENT EXPERIENCE		
We said we would	Have we achieved this	Achievements and Progress
Progress compliance with the 10 principles for working with people and communities	In Progress	<p>This year, we have made meaningful progress toward meeting the 10 principles for working with people and communities. Highlights include onboarding over 90 new service users to the UHN Patient Engagement Pool and co-producing initiatives with community organisations such as Northamptonshire Carers, Northamptonshire Association for the Blind, and Healthwatch. Programmes like the UHN Haemoglobinopathy Programme have allowed us to collaborate closely with individuals with lived experience, helping shape services around patient-centred care. This remains a key priority, and our efforts will continue. We are pleased to report full compliance with Principle 6 – “Provide clear and accessible public information” – marked by the launch of new accessibility software for Patient Information Leaflets at KGH.</p>
Improve individualised care of patients with dementia	Yes	<p>The KGH patient passport is now being used across the Trust. Ward staff are expected to obtain the information from families and the person who know the person with dementia best. The information obtained documented in the patient passport is then used to support care and provide an individualised approach to care planning.</p> <p>We relaunched John’s campaign in May 2023. Wards have now received their John’s campaign resource box and opportunities such as dementia action week and the dementia listening event was used to promote and raise awareness about John’s campaign giving the family/carer the right to continue to provide care for the person with dementia while they are in hospital. This means that visiting restrictions are lifted, concessionary parking is offered. We now have the carers badges given to name family/carer to allow staff to identified and provide the necessary support that is needed. This in turn creates an environment where patients have a familiar face around reducing distress but also creates and atmosphere for joint working partnership between patient carer, family advocate and staff.</p>

PATIENT EXPERIENCE		
We said we would	Have we achieved this	Achievements and Progress
		Tier 1 dementia training is being delivered with over 85% compliance. Tier 2 dementia training began in January 2025, prioritising the wards caring for the highest proportion of patient with dementia. The training is ongoing and had now been extended staff working directly with patients with dementia.
Establish a new bereavement service	Yes	<p>Since the Bereavement Service has been a permanent part of the KGH team we have provided support to 156 families with answering any queries or concerns they have or getting them support in the community. The service also supports the formal complaint investigations and family meetings with the complaint's department.</p> <p>The Bereavement Officer visits grieving inpatients to offer support, attends Emergency Department to support families, talks with ward staff to establish what the service can do to support families</p> <p>The Bereavement service:</p> <ul style="list-style-type: none"> <li>• is part of the new starters and new nurse training processes.</li> <li>• recently launched a project in-line with other NHS Trusts, contacting all next of kin to gain feedback, experience, compliments, or complaints.</li> <li>• launched Condolence Cards on 1st April, sent by our wards to the families of those who die as an inpatient at KGH.</li> <li>• Adult bereavement booklet has been updated providing practical advice information and support.</li> </ul>

CLINICAL EFFECTIVENESS		
We said we would	Have we achieved this	Achievements and Progress
Improve our responsiveness to complaints received by patients and carers	Yes	<p>Responsiveness to complaints at KGH has improved significantly against the 90% target. March was 67%, February was 88% and January was 83%, this is upwards from 20% in March/April 2023.</p> <p>More cases are also being resolved locally through PALS service. April 2025 data will be between 80-90%.</p>
We will continue to improve and expand our learning from deaths process to include the learning from community deaths back to our community partners	Yes	<p>All Medical Examiner reviews are fed back to GP partners in the North Northants community as part of the nationally redesigned death certification process. All practices have been receiving reviews of community deaths since the mandated 9th September 2024 implementation date.</p> <p>The Trust do engage with a single GP practice to support with M&amp;Ms in the community and are happy to share outcomes of hospital deaths with community partners but as yet, no other practices have been forthcoming to request the relevant information.</p> <p>UHN have recently appointed an Associate Medical Director for Primary and Secondary care and this role may facilitate further sharing opportunities in the future, where required.</p>
Continue to collaborate with the county ambition to transition to the Resuscitation Council UK ReSPECT document, led by the Integrated Care Board (ICB)	Yes	<p>ReSPECT was implemented across UHN on 4 February 2025. This followed an extensive digital training and awareness package for the staff.</p> <p>While the implementation of ReSPECT is still in its infancy, DNACPR has been adopted in the trust and will be removed in the coming months once ReSPECT is embedded.</p>

## NGH - Previous priorities for improvement and statements on progress

PEOPLE Programme of work	Objective(s)	Baseline	Target / trajectory	Current Position																					
Developing our people	Development of UHN values-based leadership competency framework. Development of UHN leadership strategy  New UHN appraisal  Aligned statutory and mandatory training	N/A Appraisal NGH 73%   MAST NGH 82%	No completing leadership development interventions  Appraisal 85% (5% improvement in year)  MAST 85%	Appraisal - NGH 79.83%  MAST - NGH 89.37%																					
Improving health and wellbeing	Aligned offer across both Trusts	NGH 6.1%	NGH 5.5% Target 5%	<table><tr><td></td><td>KGH</td><td>NGH</td></tr><tr><td>Oct-24</td><td>5.18%</td><td>5.29%</td></tr><tr><td>Nov-24</td><td>4.81%</td><td>5.36%</td></tr><tr><td>Dec-24</td><td>5.27%</td><td>6.00%</td></tr><tr><td>Jan-25</td><td>5.44%</td><td>5.64%</td></tr><tr><td>Feb-25</td><td>4.78%</td><td>5.19%</td></tr><tr><td>Mar-25</td><td>4.29%</td><td>4.93</td></tr></table> <p>Consistency in managing absence is an integral part of the People Partnering approach to supporting managers in managing absence and maximising attendance at work. They work in partnership with the Health and Wellbeing team to identify particular trends or areas requiring deeper focus to put appropriate management plans in place, including appropriate refers to our Occupational health team.</p> <p>A recent deep dive of long-term sickness was undertaken in May 2025 which provided assurance that sickness absence in the majority is being appropriately managed in line with Trust policy.</p> <p>The review did identify some areas of focus to enhance the current approach; for example, a focus on medical workforce and supporting plans for colleagues on long term sickness at an earlier stage for supportive timely return to work.</p>		KGH	NGH	Oct-24	5.18%	5.29%	Nov-24	4.81%	5.36%	Dec-24	5.27%	6.00%	Jan-25	5.44%	5.64%	Feb-25	4.78%	5.19%	Mar-25	4.29%	4.93
	KGH	NGH																							
Oct-24	5.18%	5.29%																							
Nov-24	4.81%	5.36%																							
Dec-24	5.27%	6.00%																							
Jan-25	5.44%	5.64%																							
Feb-25	4.78%	5.19%																							
Mar-25	4.29%	4.93																							



PEOPLE Programme of work	Objective(s)	Baseline	Target / trajectory	Current Position
				UHN absence is in line with national and regional NHS data and the ongoing approach by which people partnering support monitoring and managing sickness absence, working in partnership with our H&W team supports the complexity of colleagues' health in the workplace as an ongoing position with an aim to return colleagues back into the workplace.
Dedicated to Excellence – Culture change – inclusion and empowerment	Improved staff experience through an improved culture  Improvement in inclusion	0 N/A  Engagement NGH 6.2	Target: 50 N/A  Engagement NGH 6.3	Excellence ambassadors = NFA Remove from plan  Engagement scores for National Staff Survey 2024 NGH 6.76
Clinical and Corporate services collaboration across the Group	Establish framework for People Team to support clinical collaboration.  People Policy Harmonisation  People Partnering and OD and Inclusion objectives with people plan	12 people policies harmonised as at March 2024	April 2025	24 UHN policies
Delivering a sustainable workforce	Reducing reliance on agency Improving availability of staff	NGH £27M  NGH 9.3%  NGH 88 days	NGH £12M  Vacancy 8%  TTH  NGH 70 days	Both KGH and NGH are committed to reducing spend on agency staff and

PATIENT Programme of work	Objective(s)	Baseline	Target / trajectory	Current Position
Patient feedback digital system	Improve visibility of patient feedback and enable action to improve	N/A – would be provided by the system	N/A – would need defining once system to collect in place	Realisation of digital system being considered
Complaints process & compliance	Align with the new national Ombudsman work and improve processes and ensure learning from themes of complaints To align all current working processes across NGH and KGH to provide one UHN approach to complaints.  To achieve the UHN target response rate for all complaints.	Not in place	October 2025	All reporting processes are now aligned across UHN within the Complaints teams. Work remains ongoing at NGH with a recovery plan in place to improve complaint response times.  Structures are currently being reviewed to ensure that the most effective and efficient process are implemented using best practice across both Trusts.

PATIENT Programme of work	Objective(s)	Baseline	Target / trajectory	Current Position
Clinical collaboration	Ensure patient engagement in all clinical collaboration work Ensure all clinical collaborations have list of issues to be solved / metrics / deliverables focussed on patient experience / outcomes from the service that are tracked	3 (in ENT, Cardiology, Cancer)  Varies by specialty	In all collaborating specialties  Achievement of experience metrics outlined in individual	Clinical collaboration continues across UHN with Head and Neck services now being provided collaboratively and other services will follow in due course.
Outpatients	Outpatient communication improvement through the outpatients transformation programme - Digital letters - Improved phone contact	Jan-23: 94% - NGH  Oct-22: 78% calls answered and resolved first time	95%  90%	The Trust will be carrying out more work on its transformation plans to drive efficiencies and delivery of excellent patient care, with particular focus on Elective recovery, Outpatient transformation and benefits from working with System partners as part of the Integrated Care Board (ICB). The new projects aim to embrace new AI technology to make access for patients easier and remove some of the repetitive admin tasks via RPA/AI
Improving equality for people of Northamptonshire	Ensure all programmes of work have a focus on improving health inequalities and ensure services are provided in the best place	0	100% major programmes (to be defined)	<ol style="list-style-type: none"> <li>1. UHN's EDI objectives for colleagues and patients is set out in our EDI strategy which guides our work and main projects for the next four years. The old strategy touched on improving HR processes and improving patient data capturing so that our services can rely on EDI data to guide our practices.</li> <li>2. Currently the new EDI strategy is being designed which help structure the new We Belong Strategy. Engagement sessions for this are due to begin in July 2025. First we will design our objectives for colleague needs and then engage with patient leads on improving equality for clinical services.</li> <li>3. In the interim we engage with forums, networks and regional bodies to improve our services and processes in line with any national or local demand. Our patient teams meet frequently with patient groups to ensure our services are equitable and inclusive for our communities, we meet with staff networks monthly</li> </ol>

PATIENT Programme of work	Objective(s)	Baseline	Target / trajectory	Current Position
				to ensure we are meeting our obligations as an employer. Regional bodies have been impacted by the government policy concerning the abolition of NHSE however, we still have sessions planned to improve equality within these areas.

QUALITY Programme of work	Objective(s)	Baseline	Target / trajectory	Current Position
Deteriorating patient (DP)	Improve monitoring and responses to deteriorating patients	100% (NGH Q2 22/23)  NGH not available across the Trust	30% (CQUIN target-NHSE)  >95%	<p>Current Position</p> <p>With the upcoming launch of nervecentre, we designed a bespoke Deteriorating Patient Assessment. This will replace the current Deteriorating Patient Task List that is currently used on ibox.</p> <p>On ibox, the current DP task list completion time for the whole trust averages at 3.3 hours from November to March.</p> <p>A new Sepsis assessment will be available on nervecentre which is compliant with the updated NICE guidance. The sepsis care bundle will also be documented within the assessment.</p> <p>Additionally, as part of clinical observations undertaken on nervecentre, once these are completed on a patient, it will be mandatory that the patient is screened for sepsis.</p> <p>We currently monitor inpatient areas for completing clinical observations on time with the trust sitting at an average of 74.51% from August to January.</p>
Medicines management / digital patient records	Implementation and rollout of Electronic Prescribing and Medicines Administration (EPMA) system	NGH-no EPMA or EPR	All UHN wards-EPMA and Electronic Patient Records	Developed by Nervecentre and being rolled out during 2025 and continuing into 2026, the Electronic Patient Record (EPR) is a digital solution that will replace several existing systems across NGH to bring them into one place.

QUALITY Programme of work	Objective(s)	Baseline	Target / trajectory	Current Position
				Adult inpatient paper prescription charts will be replaced with EPMA in Nervecentre with some paper supplementary charts still being used. Paediatric and Outpatients will continue with paper prescriptions until a later phase of Nervecentre.
Cardiology centre of excellence	Delivery of the Cardiology centre of excellence	NSTEMI: NGH 50%,	90% across group	With the creation of our Cardiology Centre of Excellence our aim is that this integrated service will be known nationally for exemplary outcomes, excellent patient and staff experience, and complexity of caseload. It will provide safe, effective cardiology care for everyone in Northamptonshire across both of our hospital sites. Our completion date for this work is three years away.
Get it right first time (GIRFT)	GIRFT programmes	Nov-22 71% - NGH  ENT – 2.7 GenSurg – 2.0  Uro – 2.7 Gynae – 3.3 Ophth – 4.3 T&O – 2.6	85%  Targets need developing based on case mix	Capped theatre utilisation. For NGH the current position is 78.3% and for KGH is 78.8% (April 25 average, March was 81.7% and 73.3%, respectively.  Capped theatre utilisation. For NGH the current position is 78.3% and for KGH is 78.8% (April 25 average, March was 81.7% and 73.3%, respectively.  The target remains 85% as the national benchmark.  Theatre utilisation continues to be an area of focus across the surgery division with a number of targeted improvement projects in progress such as using standby patients and reducing late starts.  Average cases per equivalent 4-hour elective list. The latest position for each of these is as follows:

QUALITY Programme of work	Objective(s)	Baseline	Target / trajectory	Current Position																																								
				<table> <tr> <td></td><td>Mar 25</td><td>Apr 25</td><td></td><td></td></tr> <tr> <td></td><td>NGH</td><td>KGH</td><td>NGH</td><td>KGH</td></tr> <tr> <td>ENT</td><td>2.0</td><td>2.5</td><td>2.3</td><td>2.1</td></tr> <tr> <td>General Surgery</td><td>1.6</td><td>2.0</td><td>1.9</td><td>1.7</td></tr> <tr> <td>Urology</td><td>1.8</td><td>3.0</td><td>1.9</td><td>3.0</td></tr> <tr> <td>Gynae</td><td>1.4</td><td>2.9</td><td>1.7</td><td>3.2</td></tr> <tr> <td>Ophth</td><td>4.8</td><td>4.5</td><td>5.0</td><td>4.9</td></tr> <tr> <td>T&amp;O</td><td>2.0</td><td>2.4</td><td>2.2</td><td>2.0</td></tr> </table>		Mar 25	Apr 25				NGH	KGH	NGH	KGH	ENT	2.0	2.5	2.3	2.1	General Surgery	1.6	2.0	1.9	1.7	Urology	1.8	3.0	1.9	3.0	Gynae	1.4	2.9	1.7	3.2	Ophth	4.8	4.5	5.0	4.9	T&O	2.0	2.4	2.2	2.0
	Mar 25	Apr 25																																										
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T&O	2.0	2.4	2.2	2.0																																								
Assessment and Accreditation (A&A)	Increase areas who have A&A accreditation	Current number at each level	Improved number of wards at top 2 levels of accreditation by 10%	<p>Both current A&amp;A programmes at UHN have assessed Adult and Paeds wards, Paeds OPD, Maternity, ED/PED, Critical Care and Outpatient areas. Theatres is planned by end of April/May (starting with Gynae Theatre).</p> <p>NGH continues to utilise A&amp;A and a piece of work is ongoing to review this across UHN with an aim that both KGH &amp; NGH adopt a collaborative approach across UHN. This is currently referred to as LEAF (Leicester Excellence Assessment Framework). This will align the assessment process and tools at UHN with UHL.</p>																																								
Implementation of Patient safety strategy	To deliver the national patient safety strategy	As per PSIRF baseline-in line with implementation process	Full roll out in line with national timelines	PSIRF was implemented at NGH in February 2024 and has since been implemented at KGH. A UHN PSIRF Policy and Plan has been adopted.																																								

SYSTEMS & PARTNERSHIPS Programme of work	Objective(s)	Baseline	Target / trajectory	Current Position
Sustainability Group	Create a Group approach to Sustainability	<p>Green Plans actions</p> <p>National carbon reporting</p>	<p>Green Plans actions</p> <p>National carbon reporting targets</p>	Carbon emissions from buildings have reduced by 12% compared to the previous year; the installation and commissioning of the new boiler and heat pumps was completed, and solar PV commissioning is ongoing. Full year impact of this will be seen in 2025/26.



SYSTEMS & PARTNERSHIPS Programme of work	Objective(s)	Baseline	Target / trajectory	Current Position
Green plans	Delivery of each Trust's Green plan recommendations  Improved oversight of system Green plan	Green Plans actions  National carbon reporting	Green Plans actions  National carbon reporting targets	Carbon emissions from buildings have reduced by 12% compared to the previous year; the installation and commissioning of the new boiler and heat pumps was completed, and solar PV commissioning is ongoing. Full year impact of this will be seen in 2025/26. Application for funding made for the installation of a further heat pump, awaiting the final outcome. Feasibility studies completed for the replacement of the remaining fossil fuel boilers and reduction in energy consumption from the chilled water systems. Carbon emissions from anaesthetic gases have reduced with the removal of piped nitrous oxide from theatres in Q4 of the year, desflurane was removed in the previous year. Clinical waste segregation has improved with a further 9% reduction in clinical waste volumes, with more moving to domestic waste. Recycling has increased by 9%. Use of the WarplT reuse scheme has saved £64,000 and 11 tonnes of waste for NGH and its partners. A multidisciplinary Sustainability Committee has met each quarter and Green Plan progress reported. Regular meetings held with the ICB to report sustainability progress. Highly commended in the HSJ awards – towards Net Zero Category Third Green Team competition resulted in projected annual savings of £101,000 and 24 tonnes CO2e. Travel Plan updated and Travel Survey completed – increase in EV cars and bus usage. Work ongoing with WNC and Stagecoach to increase bus usage
Decarbonisation	Development of a decarbonisation plan for each site  Delivery of Public Sector Decarbonisation Scheme at NGH	National carbon reporting  Programme delivery of energy schemes to Sustainable Development Commission (SDC)	National carbon reporting targets  Programme delivery of energy schemes to SDC	

SYSTEMS & PARTNERSHIPS Programme of work	Objective(s)	Baseline	Target / trajectory	Current Position
Use of resources	Internal improvement in productivity  Delivery of annual plan  Benchmarking product. / efficiency – model hospital & post covid analytics	Annual plan 19/20: NGH: £3,337	Annual plan  Target TBD	Focus on delivering Efficiencies and Workforce control
Efficiencies programmes	To support a robust programme of deliverable efficiencies schemes	N/A	4%	Current focus on delivering efficiencies and workforce control
Clinical collaboration	To enable clinical collaboration through removal of financial barriers to collaboration: - Alignment of budgets to services as management structures align. - Visibility to clinical leads of the budgets for their service across both Trusts	N/A	To be agreed	Clinical collaboration continues across UHN. Head and Neck services are provided collaboratively with other services following.

SYSTEMS & PARTNERSHIPS Programme of work	Objective(s)	Baseline	Target / trajectory	Current Position
Community Diagnostic Centres	Providing diagnostic capacity in community settings, increased access for outpatient referrals and cancer pathways.	Activity plan	85% (DM01)  CDC KPIs	KGH and NGH jointly secured national funding for new Community Diagnostic Centres (CDCs) in the county. Kings Heath CDC has begun, and a CDC in Corby will launch in May 2025. These will provide capacity to support the diagnosis and treatment of many conditions including cancer and heart disease amongst other diseases.
Outpatients' transformation	Transforming our outpatient services, optimising our clinical pathways, streamlining our admin and improving communication with our patients	Activity plan  NGH: 2.33  None aligned	Activity plan  NGH: 2.10  10 specialties aligned	We concluded a large co-design process (patients, carers, Acute, community and primary care colleagues and other stakeholders) called reimagining planned care that developed a system blueprint for taking forward end to end improvement in planned care. The Blueprint was signed off by the Elective Care Collaborative Board in the ICS for mobilisation in 2025/26 and beyond.

SYSTEMS & PARTNERSHIPS Programme of work	Objective(s)	Baseline	Target / trajectory	Current Position
				We set up a new Elective productivity governance within UHN for clinically led delivery of key GIRFT guidance and targets. This was networked with the Further Faster national cohort 2 with clinical teams progressing local improvement plans and working in clinical networks with national partners. Across the year there was an upward improvement across most Further Faster productivity measures, a reduction in waiting times and over delivery of activity targets.
Theatre productivity	Delivery of the theatre productivity programme	Feb-23: 89% - NGH  Activity plan	95%  Activity plan	Theatre productivity programme was embedded within the new Elective Productivity governance and programme structure with surgical specialties developing key improvement plans to deliver <ul style="list-style-type: none"> <li>● Increased numbers of patients on lists for high volume low complexity (particularly increasing number of lists with 8 cataracts and number of lists with 4 joints for ophthalmology and orthopaedics respectively)</li> <li>● Increasing daycase and theatre utilisation towards the 85% target</li> <li>● Introducing a new dashboard to support the service improvement plan delivery</li> </ul>
Cancer centre of excellence-Clinical Collaboration	Delivery of the cancer centre of excellence	62 days Jan 23 NGH 49%  FDS Jan 23 NGH 79%	62 days-85% FDS 75%	Despite challenges around performance against the 3 cancer waiting times standards nationally NGH maintained its position. For two of the standards, 28 Day Faster Diagnosis and the 31 Day Standard we were ranked first in the East Midlands. For the 62 Day standard we were ranked second. The Trust also offered mutual aid to the region for provision of robotic radical prostatectomies supporting the longest waiting patients to secure timely treatment.

SYSTEMS & PARTNERSHIPS Programme of work	Objective(s)	Baseline	Target / trajectory	Current Position
				<p>The Trust has the privilege to work in partnership with Maggie's to develop a Maggie's centre on site, close to the Oncology centre. Building works started in June 2024 with expected completion June 2025, with planned opening Autumn 2025. Maggie's centres are recognised nationally and international as centres of excellence providing information and support for those living with cancer.</p> <p>The Trust was successful in its bid to Macmillan Cancer Support to secure 3 years funding to pilot pre hab prior to cancer surgery and oncological/haematological treatment. The programme is in its second year and clearly able to demonstrate improvements in physical fitness, nutritional status, and emotional well-being prior to surgery.</p> <p>The Trust continues to implement the key elements of personalised care focusing on holistic needs assessment and care planning, end of treatment summaries and access to health and wellbeing. The Trust were ranked first in the region for the number of end of treatment summaries generated, and second</p>
Virtual wards	Delivery of the Northamptonshire virtual ward programme	240	356	<p>The overall system count is 340 beds currently with further 16 coming on stream in Q3 to get to our 356 target. We had decreased capacity slightly in Q4 of 24/25 following operational review to ensure all patients were meeting criteria and removed T&amp;O beds at NGH previously in count.</p> <p>April average occupancy was 273 per day and May to date is at 274 giving overall occupancy of 76% slightly below the 80% target but reflective of slight decrease in demand post Easter period.</p>

SYSTEMS & PARTNERSHIPS Programme of work	Objective(s)	Baseline	Target / trajectory	Current Position
Efficiencies programmes	To support a robust programme of deliverable efficiencies schemes	N/A	4%	Current focus on delivering efficiencies and workforce control
Urgent and emergency care	<ul style="list-style-type: none"> <li>• Delivery 76% ED Quality Standard</li> </ul>	NGH – 60%  NGH – 100%	76%  92%	Over the past six months, we've made real progress across our urgent and emergency care (UEC) pathway, with fewer patients waiting over 12 hours, reduced delays in ambulance handovers, and early signs of shorter inpatient stays.



# Appendices – Stakeholder feedback





# Appendix 1 – Feedback from stakeholder: Healthwatch



## Healthwatch North and West Northamptonshire's Response to the UHN Quality Account for 2024-2025

Thank you for the opportunity to share our views and feedback on the UHN Quality Account Report for 2024-2025. We appreciate the transparency and detail provided within the report as well as the clear collaborative efforts of both Northampton General Hospital and Kettering General Hospital, who both work towards delivering high quality, meaningful and equitable care for the service users across our local communities in Northamptonshire.

We would also like to take this opportunity to thank the UHN system for their constant willingness to collaborate with Healthwatch, for involving our organisation in system oversight groups and emergency reviews and for the Enter and View visits we conducted this past year. The positive engagement with UHN has allowed us to share the experiences and voices of the community and has supported positive change within the system.

We would like to acknowledge the impressive achievements and innovations across UHN this past year. The Trust's national recognition through multiple awards, including the DAISY Team Award for compassionate care, national facilities and security commendations and sustainability accolades reflected a strong commitment to excellence. These achievements are not only a credit to the dedication of staff but also serve as reassurance to patients and families of the high standards being upheld with the teams that oversee their care.

We also warmly welcome the opening of the Kings Heath Community Diagnostic Centre, which brings vital diagnostic services closer to patients and fills a need for many patients locally. This development is an important step toward reducing health inequalities, increasing access to early detection and treatment and easing the pressures that have been placed on acute services. We look forward to seeing how this new centre and future CDCs, such as the upcoming site in



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Corby, continue to improve outcomes and experience for local people and thank you for having us be a part of the group that helped shape these centres.

We welcome UHN's commitment to shaping services through patient engagement and co-production. The expansion of the UHN Patient Engagement Pool and the use of community partnerships, such as Healthwatch, Northamptonshire Carers and other local groups, shows a meaningful drive towards capturing patient voice. We encourage the continued development of the 'you said, we did' approach to ensure that feedback from patients, carers and families leads to visible, measurable improvements in care delivery.

We are particularly pleased to see the alignment with NHS principles for working with people and communities and the move toward accessible patient information through the launch of new digital tools. We recognise that the use of digital tools has also led to enhancements within the complaints and response processes. We recognise the improvements made in complaint handling and the joint working between sites to share data and learnings to make strides towards positive changes.

While NGH still faces delays in complaint response times, we are encouraged by the systems now in place to address this, including better tracking and reporting through Datix. We also appreciate the Trust's focus on learning from complaints, and we have seen this during the past year when attending the Patient and Carer Experience and Engagement Committees. Sharing insights with divisional teams and developing a centralised learning report are important steps in creating feedback rich, improvement focused culture within UHN.

As we have seen a real need for improvements for patients with dementia, we commend UHN for the work within patient experience, to improve care for people with dementia, including the use of patient passports and the re-launch of John's Campaign. These compassionate and practical actions promote dignity and reduce distress for both patients and their families.

The introduction of the bereavement service is another valuable development we wanted to note in our response. The thoughtful additions such as condolence cards, staff training and family follow-ups we felt demonstrated an ongoing commitment to emotionally aware care for families who are grieving.

We support UHN's ambition to deliver equitable care experiences through the new Quality Strategy and agree with the four key goals. Addressing disparities in access and outcomes must remain a priority.

Within the focus of workforce culture and improvements, we appreciated the number of staff who shared their voices within the Staff Survey. The report

reflects that the Trust has gathered valuable insights from the experiences and feedback of staff and has a clear focus to improve workplace culture, particularly around inclusion, staff wellbeing and leadership development.

We agreed with the drive to incorporate data awareness and the Trust's desire to make efforts to increase the discussions around quality reports, especially those areas where staff can gather learnings, as well as identifying areas for further training, to help ensure high quality care to patients. We encourage UHN to continue engaging with staff at all levels and ensure that survey feedback drives tangible change in day-to-day experiences.

In summary, we felt that this report showed genuine progress across many areas of patient care, safety, and engagement. As we look to the year ahead, we encourage UHN to continue to highlight the impact of patient involvement on service changes and to incorporate more patient lived experiences where possible. We also encourage further reduction in waiting times for complaints responses and for UHN to ensure transparency about delays.

We thank the UHN team for its ongoing collaboration and commitment to delivering compassionate, safe and effective care for our communities, especially during system pressures. We look forward to continuing to work together to ensure local voices remain central to healthcare improvement.

Sincerely,

**Gabriella Van Beek**  
**Healthwatch West Northamptonshire Operations Manager**  
**May 30th, 2025**

A handwritten signature in black ink, appearing to read 'G. Van Beek', with a stylized flourish at the end.

## Appendix 2 – Feedback from stakeholder: West Northamptonshire Council Adult Social Care, Health and Communities Overview and Scrutiny Committee



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The West Northamptonshire Council Adult Social Care, Health and Communities Overview and Scrutiny Committee (the statutory health scrutiny committee) was not in a position to consider and comment on the draft Quality Account. This is due to the fact that circulation of the draft coincided with a Council election and the subsequent process of appointing the Committee for 2025/26.

This response in itself should not be interpreted as representing or implying a comment on the draft Quality Account or on the healthcare provider responsible for producing it.

The Committee scrutinised Northampton General Hospital's priorities and challenges during the past year, focusing on the response to winter pressures and on the development and impact of the joint management arrangements for University Hospitals of Northamptonshire and University Hospitals of Leicester. The Committee noted the latest position in these areas. The Committee will consider the potential for further scrutiny of Northampton General Hospital's future plans and how these will affect the service provided to West Northamptonshire residents when developing its work programme for 2025/26.



# Appendix 3 – Feedback from stakeholder: NHS Northamptonshire ICB

## Northamptonshire Integrated Care Board

### Stakeholder Feedback – UHN Quality Account 24/25

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Northamptonshire Integrated Care Board (NICB) has reviewed the Quality Account produced by The University Hospitals of Northamptonshire (UHN); referencing Kettering General Hospital (KGH) and Northampton General Hospital (KGH) for the period of 2024/25.

UHN has produced a combined document for KGH and NGH highlighting, where required, data that is site specific, demonstrating the UHN approach for the local population and representing longer term ambitions and objectives. A three-year Quality Strategy has been developed, mapping out four key areas; relentless focus on safety; strengthening the voice of the patients, outstanding care quality, equitable care experiences. NICB welcome this recognition and commitment to quality improvement, safety culture, excellence and inclusivity.

The Trust celebrates innovation, improvements and awards, demonstrating staff commitment to the 'Dedicated to Excellence' vision, mission and values. NICB and UHN continue to drive improvement activity through collaborative partnership working and a shared commitment to continuous evaluation of the Care Quality Commission (CQC) five key domains: safe, effective, caring, responsive, well-led, and report recommendations from recent inspections. The NICB Director of Nursing is a welcomed partner attending UHN monthly Quality and Governance meetings, and UHN have been key partners at both System Quality Group and Quality Committee meetings which are led by NICB.

From a quality and patient safety perspective the Trust have reviewed their Patient Safety Incident Response Plan and continue to embed the principles of the Patient Safety Incident Response Framework, further demonstrating their commitment to learning and improvement. NICB Quality Insight visits have focussed on Urgent and Emergency Care (UEC) and Children & Young People's services (CYP) which remain a key focus for 25/26, alongside thematic analysis of system wide data, to enhance patient experiences.

The Trust actively participates in national audit and embraces opportunities to support clinical research with improvement activity identified around appropriate antibiotic prescribing, documentation, and increased awareness of new and existing guidelines for clinical procedures.

The Trust have continued to report on learning from deaths, in line with the National Quality Board (2017) guidance. NICB are committed to centralising a shared learning process across the Integrated Care System with all health and social care partners through the establishment of a Local Mortality Review Group.

## Appendix 3 – Feedback from stakeholder: NHS Northamptonshire ICB

UHN have embraced opportunities to work closely with National Health Service England (NHSE) as part of a focussed intervention for Urgent and Emergency Care (UEC) and have welcomed the opportunity to use a peer review approach with University Hospitals of Leicester in support of evidencing improvement.

NICB would like to thank all the staff at UHN for the efforts taken on behalf of the NHS, and for patients during this reporting period. The on-going challenges for the Trust are recognised and NICB are committed to supporting implementation of the UHN Quality Strategy in partnership with UHN.



**Maria Laffan**

**Northamptonshire Integrated Care Board**

## Abbreviations

<b>A&amp;A</b>	Assessment and Accreditation
<b>A&amp;E</b>	Accident and Emergency
<b>CDC</b>	Community Diagnostic Centre
<b>CDiff</b>	Clostridium difficile
<b>CAF</b>	Cyber Assessment Framework
<b>CT</b>	Computed Tomography
<b>DP</b>	Deteriorating patient
<b>DNACPR</b>	Do Not Attempt Cardiopulmonary Resuscitation
<b>DSPT</b>	Data Security and Protection Toolkit
<b>ED</b>	Emergency Department
<b>EIA</b>	Early Inflammatory Arthritis
<b>EPMA</b>	Electronic Prescribing and Medicines Administration
<b>FFT</b>	Friends and Family Test – Patient
<b>GDPR</b>	General Data Protection Regulation
<b>GIRFT</b>	Get it right first time
<b>HES</b>	Hospital Episode Statistics
<b>HSMR</b>	Hospital Standardised Mortality Ratio
<b>ICO</b>	Information Commissioners Office
<b>KGH</b>	Kettering General Hospital NHS Foundation Trust
<b>KPI</b>	Key Performance Indicator
<b>LFD</b>	learning from deaths
<b>ME</b>	Medical Examiner
<b>MRI</b>	Magnetic Resonance Imaging
<b>NCRAS</b>	National Cancer Registration and Analysis Service
<b>NGH</b>	Northampton General Hospital NHS Trust
<b>NICE</b>	National Institute for Health and Care Excellence
<b>PALs</b>	Patient Advice and Liaison Service
<b>PSIRF</b>	Patient Safety Incident Response Framework
<b>SDC</b>	Sustainable Development Commission
<b>SHMI</b>	Summary Hospital-Level Mortality Indicator
<b>TIAA</b>	Independent Auditors
<b>UEC</b>	urgent and emergency care
<b>UHL</b>	University Hospitals of Leicester NHS Trust
<b>UHN</b>	University Hospitals of Northamptonshire NHS Trust
<b>VTE</b>	Venous Thromboembolism



**The UHN Quality Account was prepared by  
the UHN Governance Team**

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